

South Carolina Opioid Emergency Response Plan

I. INTRODUCTION

- A. The South Carolina Opioid Emergency Response Plan (SCOERP) reflects the direction provided in the Governor's Executive Order 2017-42, including organization, purpose, and planning guidance to reduce this threat to our citizens.
- B. The SCOERP provides a methodology for the coordinated effort of state agencies, stakeholders, private sector partners, and the public to address the crisis utilizing a framework to address awareness, prevention, and treatment of the use and misuse of opioids.
- C. The SCOERP defines the roles and responsibilities of each agency to implement goals and objectives to achieve unified results in support of local jurisdiction plans and programs.
- D. The SCOERP is designed to work in conjunction with federal, state, and local policies, plans, programs, and initiatives to maximize available resources and place them where most needed to support our citizens.

II. PURPOSE

- A. Provide a comprehensive plan to address the opioid epidemic that maximizes available resources to achieve desired outcomes through coordinated efforts with federal, state, and local agencies, stakeholders, and private sector partners.
- B. Nest strategies, findings, and recommendations from the Governor's Prescription Drug Abuse Prevention Council and the South Carolina House of Representatives Opioid Abuse Prevention Study Committee into the plan and ensure unity of effort.
- C. Integrate best practices and lessons learned from the National Safety Council, states, and stakeholders that provide an immediate and sustained impact on the opioid epidemic.
- D. Improve data collection and sharing to provide situational awareness using a common platform accessible to each agency, activity, and partner.
- E. Employ information systems to support public and community outreach on the opioid epidemic to assist in awareness, prevention, and treatment.
- F. Develop assessment capabilities that enable plan refinement based on the desired outcomes. This is a key step in the delivery of services in support of local jurisdictions and our communities.

IV. SCOPE

- A. The South Carolina Opioid Emergency Response Team develops a multi-lateral strategy to prevent and treat the misuse of prescription opioids and use of illicit opioids in order to strengthen public health, security, safety, and the economic well-being of the citizens of the state.
- B. Establishes goals of the strategy translated into the response plan. The goals of the response plan include:
 - 1. Reduce opioid and related illicit drug deaths across the state.
 - 2. Educate the public to create an awareness of the risks, impacts, and reduction measures that enhance the quality of life for South Carolinians.
 - 3. Change health professional prescribing practices to reduce unnecessary opioid usage and the expansion of the Joint Revised Pain Management Guidelines.
 - 4. Reduce the availability of illicit opioids through a broad range of law enforcement strategies and community outreach programs.
 - 5. Improve treatment access and recovery support.
- C. Integrates and describes responsibilities of agencies, partners, and stakeholders to organize expertise and resources into four focus areas:
 - 1. Educate and Communicate
 - 2. Prevent and Respond
 - 3. Treat and Recover
 - 4. Employ Coordinated Law Enforcement Strategies
- D. Focus areas enable coordination, synchronization and assessment of progress to ensure success. These focus areas will adjust strategies and delivery mechanisms that are tailored to the environment and the needs of the community to address the opioid problem.

V. PLAN STRUCTURE

- A. The plan adopts a statewide approach to the opioid emergency with our partners and includes overarching planning assumptions, roles and responsibilities, concept of the operations, focus areas for implementation, and plan review and assessments.

- B. Annexes and supporting documents enable the implementation of focus-area objectives to attain desired outcomes measured against performance or effectiveness targets to achieve goals to combat the opioid epidemic.
- C. The plan is a living document and must be reviewed periodically using feedback from principals and stakeholders to assess progress and make necessary changes in strategy and actions based on assessments derived from each focus area and the community.

VI. FACTS

- A. Drug poisoning is now the No. 1 cause of unintentional death in the United States. Every day, more than 100 people die from opioid drugs – 37,814 people every year.
- B. State Opioid Prescribing Rate: 5.58%; 5 million pain killer prescriptions are filled every year in South Carolina – that’s more than one for every person in our state.
- C. 1 in 4 people who are prescribed opioids struggle with addiction.
- D. 4 in 5 heroin users started with prescription pain killers.
- E. 1 in 4 teens has misused or abused a prescription drug at least once.
- F. In 2016, 550 deaths in South Carolina were prescription opioid overdoses. An increase of 18% from 2014.
- G. Fatal heroin overdoses increased by 67% from 2014 to 2015.

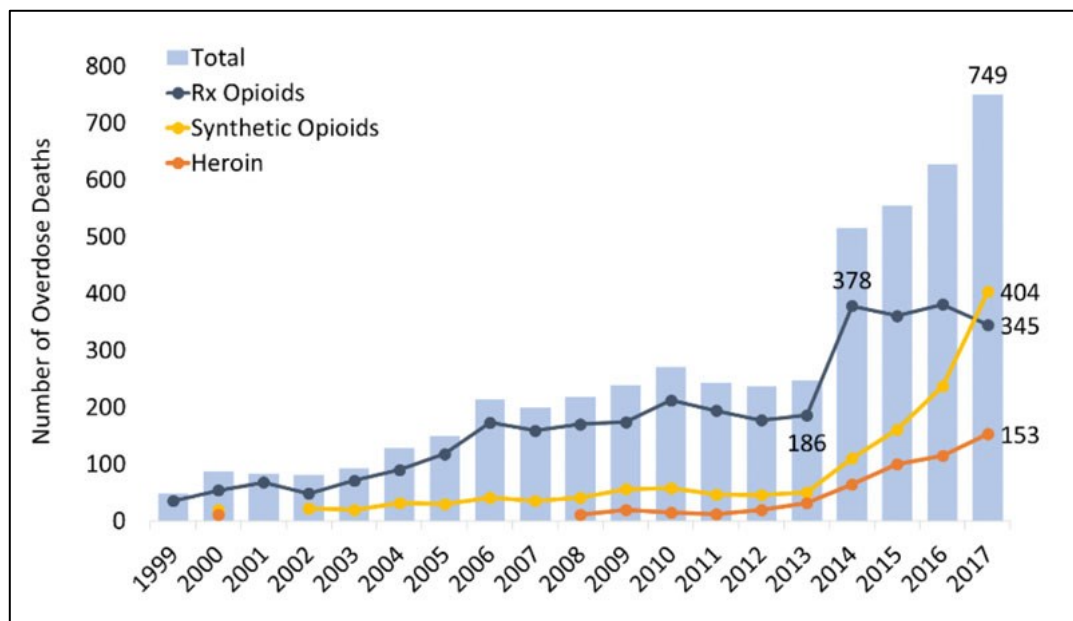
VII. ASSUMPTIONS

- A. Use of illicit opioids and availability of illicit opioids will increase as availability of prescription opioids is restricted.
- B. Policies and codes will help curb illicit use of prescription opioids.
- C. As we curb opioid use, we may see increased use of cocaine, methamphetamine, and marijuana.
- D. Prevalence of opioid use disorder (OUD) and morbidity and other consequences related to OUD may increase before we see improvement.
- E. As more evidence-based medical treatment is practiced to treat OUD, behavioral health and primary care delivery will become more integrated.
- F. Better prescribing practices and the expansion of alternatives to prescriptions drugs will reduce OUD.

- G. Patients with substance use disorders will seek treatment and recovery services within their communities.
- H. Insufficient resources are available to address prevention and treatment across the state.
- I. Seniors are affected by opioid dependence and may be dying from overdose more often than is recognized.

VIII. SITUATION

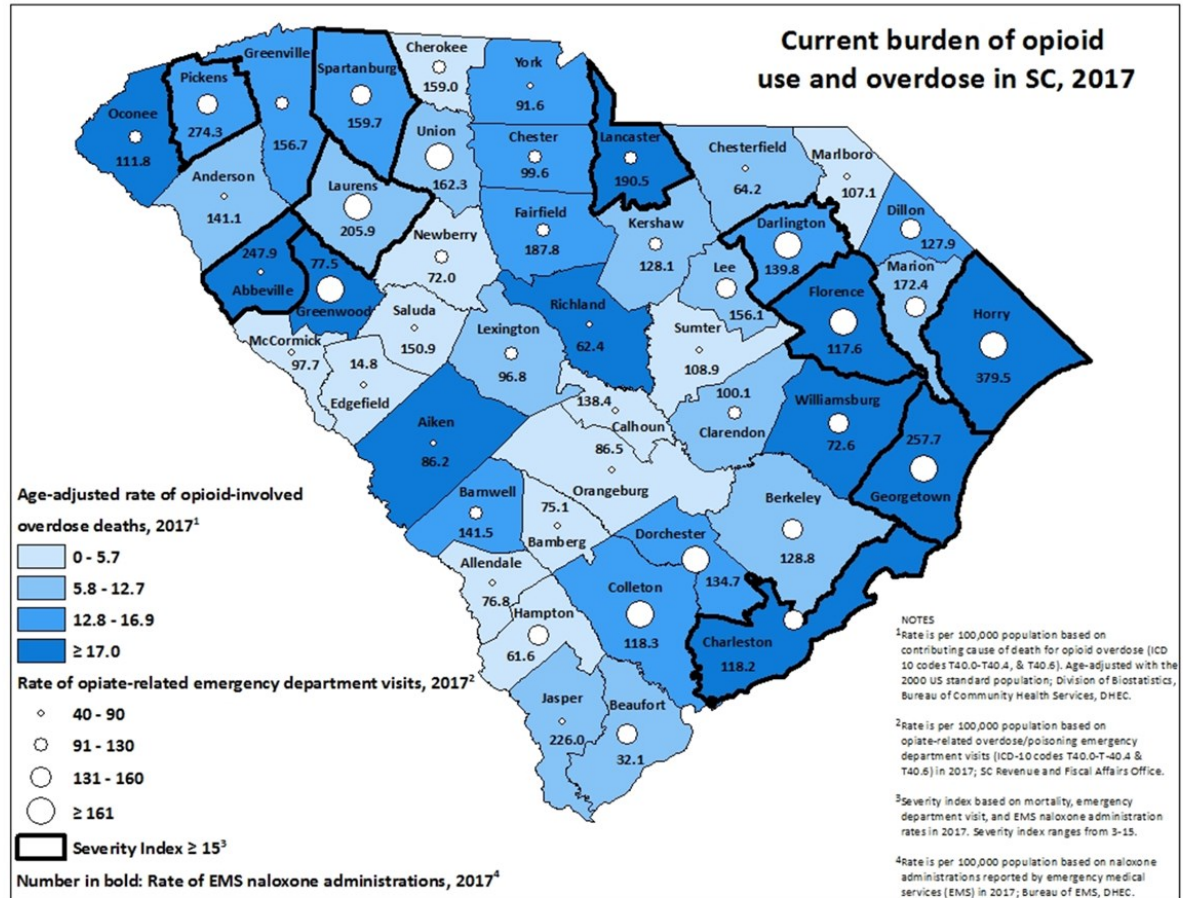
- A. General: South Carolina is not immune to the consequences of opioid misuse. Overdosing is at an epidemic level in our state. In 2017, there were 749 overdose deaths involving opioids in South Carolina—a rate of 15.5 deaths per 100,000 persons compared to the national rate of 14.6 deaths per 100,000 persons. The greatest increase in opioid deaths occurred among cases involving synthetic opioids (mainly fentanyl), with a nine-fold increase from 46 deaths in 2012 to 404 in 2017. Heroin involved deaths also increased in the same five-year period from 19 deaths in 2012 to 153 in 2017. Overdose deaths involving prescription opioids have remained steady in recent years. (NIH)



Source: CDC Wonder

- B. Threat: Addiction to opioids, also known as opioid use disorder, is a chronic disease characterized by drug use that is compulsive or difficult to control, despite harmful consequences. They change the brain, making it difficult to quit. The use and misuse of opioids have created direct consequences for our society, economy, and the general well-being of our public. Opioid deaths and addiction continue to climb across the state. However, the impacts of the opioid problem are not

distributed evenly across the state. Higher instances of overdose deaths are concentrated in more metropolitan areas, including the Upstate (Greenville-2, Anderson-9, Spartanburg-5, and York-6 counties), Midlands (Aiken -8, Lexington -7, and Richland-4 counties), Lowcountry (Charleston -1, and Dorchester-11 counties), and the Pee Dee (Florence-10 and Horry -3 counties). These counties reported more than 25 deaths from overdose in 2016, with Horry County reporting 101 deaths from overdose. All counties in the state are experiencing a direct or indirect impact from these deaths, regardless of the number of incidents or location of these occurrences. (<http://justplainkillers.com/data/>)



- C. Assessment: The opioid problem must be addressed using a range of strategies. The most important consideration is to ensure that necessary support and resources are provided to communities to best combat this problem at the local level. The ability to resource existing programs or assist in developing programs at the local level using a coordinated approach will yield the best results. The national consensus identifies six key actions. These actions include:

1. Mandating prescriber education

2. Implementing opioid prescribing guidelines
3. Improving data collection and sharing
4. Integrating Prescription Drug Monitoring Programs (PDMPs) into clinical settings
5. Treating opioid overdose
6. Increasing availability of opioid use disorder treatment

IX. CONCEPT OF OPERATIONS

A. General:

1. The Opioid Emergency Response Team coordinates state-level actions for the delivery of support to local jurisdictions based on their requirements and statewide assessments.
2. Actions are performed through the four focus-area groups and routine collaboration across the groups to shape success.
3. Each focus area is coordinated by a lead agency, with primary agencies and supporting organizations that reflect the expertise of each area and the resources to address the opioid epidemic.

B. Key Tenets: The stakeholders identified the following key tenets for plan success:

1. Work together to address the problem and include everyone who wants to work to achieve success in the state.
2. Develop focus areas to direct support and resources connected to the statewide assessment of the problem.
3. Exploit the expertise resident in each organization to generate solutions to support our focus areas.
4. Implement a coordinated practice to shape policy and programs and to align available resources to address opioid use in the state.
5. Develop a working response plan that represents the best practices and emerging solutions across all disciplines to support outcomes.

C. Focus Area Organization: Mission analysis, state agency assessments, and a review of nationwide programs – coupled with national and state guiding documents – resulted in the identification of four focus areas to organize experts in the field, align resources, develop information-sharing capabilities, and organize the delivery of ongoing and future programs to attain the desired outcomes of the plan.

1. Educate and Communicate: Develop awareness of the opioid problem with the public, healthcare providers, and educators to increase knowledge, understand the risks, and assist in removing stigma.
 - a. Improve opioid and related prescribing practices by working with healthcare providers.
 - b. Enhance community-based programs and public education to prevent opioid misuse.
 - c. Build on awareness and primary prevention education in our school systems, colleges, and universities.
 - d. Maximize developed social marketing and public campaigns to raise awareness and provide educational tools and resources.
2. Prevent and Respond: Develop a public health approach to address primary prevention actions, secondary treatment-oriented actions and tertiary rescue actions, expansion of first responder training and distribution of naloxone, and institution of behavior change associated with the recognition of opioid addiction as a chronic disease.
 - a. Primary Prevention Actions: These actions focus on personal, community, and other risk factors that may lead to addiction and include the following preventative actions:
 - Employ effective Prescription Drug Monitoring Programs (PDMPs).
 - Share information across healthcare providers.
 - Modify pain management programs.
 - Enforce prescribing practices.
 - Implement individual risk assessments.
 - Employ evidenced based programs focused on specific at risk audiences.
 - b. Secondary Treatment-Oriented Actions: Identify, diagnose, and treat dependency and substance use disorders. Remove barriers to treatment and expand access to medication-assisted treatment (MAT).
 - Screening and treatment
 - Chronic disease treatment approach

- Removal of stigma
- c. Tertiary Rescue Actions: Prevent death from overdoses and lessen outcomes through naloxone and curbing the use of intravenous drug usage to prevent exposure to other deadly diseases.
 - Expand the Law Enforcement Officer Naloxone (LEON) training and distribution.
 - Integrate reporting at the scene by first responders to capture information that informs response and assessments.
 - Employ community paramedic program to conduct home visits following patients' release to prevent recurrence.
- 3. Treat and Recover: Continuity of care and access to support networks are critical to the long-term treatment of opioid dependency and addiction. The elimination of obstacles to treatment access, costs, and shame associated with assistance is paramount to the success of these programs. Recovery communities that embrace peer support services and promote assistance with social, behavioral, and physical needs are essential.
 - a. Insurance Parity: Provide recommendations on changes in programs to enhance access to treatment and recovery programs. Explore expansion or subsidizing alternatives to opioid-based pain management and use of MAT to support treatment and prevention.
 - b. Expand Outreach Programs: Increase the number of community-specific outreach and care programs that address a variety of touch points with those seeking assistance, to include – but not limited to – healthcare providers, workplace assistance, community and faith-based assistance, and school and university network referral for treatment.
 - c. Recovery Community Resources: Provide training support and resources for recovery communities to increase peer support networks, advocacy, and support groups that provide counseling and other support services.
 - d. Recognize Addiction as a Chronic Disease: Opioid addiction is caused by a combination of behavioral, environmental, and biological factors, much the same as more common and accepted diseases like cancer, diabetes, and heart disease.
 - Screen for risks factors as part of pain management assessment.

- Educate the public on the components of opioid use disorder as a treatable chronic disease.
4. Coordinated Law Enforcement Strategies: Develop strategies that maximize capacity and capabilities of law enforcement to identify opioid processing, protect law enforcement and responders from exposure to toxins, and interdict opioids to reduce the illicit supply while simultaneously supporting the development of soft services for law enforcement that address the disease and treatment for offenders.
- a. Expand drug take-back programs in partnership with other focus groups.
 - b. Explore alternatives to incarceration to develop a broad-reaching deflection program for users/persons with opioid use disorder.
 - c. Develop data-sharing that assists communities and partners in prevention, treatment, and resource delivery.
- D. Implementation: The core of the plan is in the implementation of focus-area objectives. Each focus group is responsible for the coordination and delivery of support/services to local jurisdictions and communities, collaboration using information-sharing platforms, development of metrics to measure success, and conducting of routine assessments to refine, adapt, or change goals and objectives necessary to achieve outcomes. Each focus-area group incorporates the following as part of their respective annexes to synchronize the efforts of all stakeholders to deliver support and services.
- 1. Develop agency and stakeholder performance metrics to assess success against goals and objectives while including existing plans and program metrics.
 - 2. Identify key data- and information-sharing solutions to inform all partners and the Opioid Emergency Response Team (OERT) to assist in situational awareness and progress in program delivery across the focus areas.
 - 3. Develop timelines and goal horizons assigned to support local jurisdictions and community programs balanced against resource allocation and apportionment across the state.
 - 4. Conduct periodic reviews and updates to assess the overall plan and provided recommendations to shape future operations with the focus group and across the OERT.
- E. Assessment: The OERT conducts periodic assessments. Assessments allow the plan to be a living document responsive to the needs of the stakeholders and the community. Assessment is a continuous process and leverages the metrics and data

developed to support implementation, as well as the feedback from supported partners in the field and the public.

1. Assessment Triggers. Changes associated with the assessment triggers may warrant adjustments to our plan or the supporting annexes. Triggers include, but are not limited to, the changes associated with:
 - a. Illicit drug use
 - b. Program availability
 - c. Ability to accurately measure or capture data
 - d. Changes in planning assumptions
 - e. Changes in policies, laws, or regulations that modify actions
 - f. Changes in organizational design or authorities that impact services
2. Assessment Period: Focus-area groups meet bi-monthly or as needed to detect change rates. These reviews should incorporate all stakeholder assessments and inform the OERT. Overall plan implementation assessments are conducted with OERT principals quarterly or as required by the co-chairs or as requested by the Governor.

X. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization:

1. Governor's Executive Order 2017-42 identifies the following agencies to form the Opioid Emergency Response Team (OERT): S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS); S.C. Law Enforcement Division (SLED); S.C. Emergency Management Division (SCEMD); S.C. Department of Health and Human Services; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Health and Environmental Control (DHEC); S.C. Commission on Prosecution Coordination; S.C. Department of Public Safety; Medical University of South Carolina; State Attorney General's Office; and the Adjutant General of South Carolina.
2. The OERT also includes the S.C. Department of Social Services; S.C. Revenue and Fiscal Affairs Office; S.C. Department of Education; S.C. Department of Corrections; S.C. Department of Probation, Parole and Pardon Services; S.C. Coroner's Association; S.C. Department of Mental Health; Behavioral Health Services Association of South Carolina Inc.; S.C. Hospital Association (SCHA); S.C. Medical Association (SCMA); American College of Emergency Physicians; Charleston House; Blue Cross Blue Shield of South Carolina; S.C. Health Company; S.C. State

Association of Fire Chiefs; S.C. Sheriffs' Association; Richland County School District Two Project CARE Coalition; S.C. Office of Rural Health; Atlanta-Carolinas High Intensity Drug Trafficking Area (HIDTA); USDA Office of Rural Development; local law enforcement agencies; and community and faith-based organizations active in recovery.

3. **Focus Group Organization.** Coordinating agencies for each focus area are responsible for organizing stakeholders and partners to develop and implement goals and objectives, and to deliver support and resources within each area.

Focus Area	Coordinating Agency
Educate and Communicate	SCHA & SCMA
Prevent and Respond	DHEC
Treat and Recover	DAODAS
Employ Coordinated Law Enforcement Strategies	SLED

4. OERT will integrate all stakeholders and partners through outreach and plan implementation.

B. S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS)

1. Coordinate actions of the OERT as a co-chair agency to provide oversight and guidance to the review, update, and assessment of the South Carolina Opioid Emergency Response Plan (SCOERP).
2. Coordinate progress updates from the principals of each focus-area group.
3. Serve as the Coordinating Agency for Focus Area 3 (Treat and Recover) and integrate state agencies and stakeholders.
4. Develop implementation steps with stakeholders to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for each focus area.
5. Identify and recommend data- and information-sharing items that will support metrics in measuring success across programs.
6. In collaboration with stakeholders and partners, create a data dashboard to provide situational awareness in the integration of statewide information and links to treatment, prevention, and community resources.

7. Assist in expanding telehealth capabilities for treatment services.
8. Ensure availability of medication-assisted treatment (MAT) for unfunded/uninsured South Carolinians.
9. Ensure availability of behavioral health treatment for unfunded/uninsured South Carolinians.
10. Ensure availability of peer support services to assist recovery.
11. Develop emergency room peer support pilot program to enhance recovery services.
12. Develop promising community-based recovery organizations and collegiate recovery systems.
13. Develop treatment options for individuals prior to, during, and after (or in lieu of) incarceration.
14. Assist in the expansion of evidence-based drug courts to minimize incarcerations associated with opioid abuse.
15. Expand use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model to identify, reduce, and prevent problematic use, dependency, and addiction to alcohol and illicit drugs.
16. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependency, and overdose.

C. S.C. Law Enforcement Division

1. Coordinate actions of the OERT as a co-chair agency to provide oversight and guidance to the review, update, and assessment of the SCOERP.
2. Coordinate progress updates to the principals from each focus-area group.
3. Serve as the Coordinating Agency for Focus Area 4 (Employ Coordinated Law Enforcement Strategies) and integrate state agencies and stakeholders.
4. Assist stakeholders in developing and delivering programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus area.
5. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependency, and overdose.
6. Maintain information-sharing capabilities among law enforcement authorities, state agencies, and private-sector partners to combat drug use and support the interdiction of drug sources.

7. Provide threat assessments to support response across all focus areas that provides situational awareness on the presence of opioids and other highly lethal synthetic drugs in the state's various regions.
8. Share threat information with the public to increase awareness and prevent further deaths using traditional media, social media, and other collaborative platforms.
9. Educate the public and partner with stakeholders on drug take-back programs.
10. Increase the size of Interdiction Teams to cover all state regions.
11. Explore how to leverage Drug Enforcement Agency Tactical Diversion Squads.
12. Provide timely analysis and reports on drug seizures and laboratory findings.
13. Coordinate with partners to develop a law enforcement-assisted addiction recovery initiative.

D. S.C. Department of Health and Environmental Control (DHEC)

1. Serve as the Coordinating Agency for Focus Area 2 (Prevent and Respond) and integrate state agencies and stakeholders.
2. Assist stakeholders in developing and delivering programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus area.
3. Expand training and distribution of naloxone to all state and local law enforcement agents and first responders who wish to participate through the expansion of the Law Enforcement Officer Naloxone (LEON) program, with DAODAS program support and funding, with a goal of reducing the number of fatal opioid overdoses.
4. Promote drug take-back programs through the DHEC website and social media accounts.
5. Enhance and expand the current DHEC website with an informatics dashboard that contains timely and relevant opioid-related public health data to inform the public, healthcare providers, and educators, and to assist with data-driven public health decisions.
6. Increase the usefulness of the SCRIPTS Prescription Drug Monitoring Program (PDMP) by providing an enhanced version with the goal of reducing the number of inappropriate opioid prescriptions.

7. Evaluate the system by which DHEC staff assess public health clients' substance use or misuse and refer the clients to external sources.
8. Assist in the reduction of existing stockpiles of controlled substances received through take-back initiatives throughout the state by developing partnerships with private and public entities.
9. Facilitate access to treatment facilities by evaluating existing regulatory requirements and removing unnecessary barriers to allow an increase in the number of treatment facilities.
10. Implement the community paramedic program for patients discharged after overdose to support recovery, as funding permits.
11. Increase drug control enforcement activities throughout the state.
12. Provide timely scheduling of drugs and dissemination of information.
13. Coordinate with healthcare providers, DAODAS, and local emergency managers to assess disaster readiness for patients with opioid use disorder.

E. S.C. Emergency Management Division

1. Assist in the facilitation of OERT activities to support the SCOERP.
2. Host working group and principals' meetings to mature components of the plan and assist with interagency coordination.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Collaborate on public messaging to enhance public awareness of the opioid problem using the widest range of tools to disseminate information.
5. Coordinate with local emergency management agencies to assist focus-area groups with delivery of services as required.
6. Provide planning assistance to OERT stakeholders in the development of the action plan and required supporting documents.
7. Coordinate with DHEC to assess disaster readiness for survivors who have an opioid use disorder, as well as options for delivering services post-disaster.

F. S.C. Department of Public Safety (SCDPS)

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 4 (Employ Coordinated Law Enforcement Strategies).
2. Integrate best practices and lessons learned from the law enforcement community to assist in highway interdiction.
3. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
4. Expand training on and distribution of naloxone across SCDPS divisions for those officers at risk of exposure to opioids.
5. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
6. Increase proactive enforcement along our highway corridors by utilizing highly trained criminal interdiction officers to intercept and deter the trafficking of illegal opioids.
7. Provide liaisons to the Drug Enforcement Administration / U.S. Marshal Task Force in Charleston, Columbia, and Greenville to assist federal agents with state drug issues.
8. Educate officers on opioid awareness and drug interdiction techniques through use of troop-wide criminal enforcement training.
9. Educate the public by engaging in a statewide public information campaign concerning the dangers of opioid use that will be led by the S.C. Highway Patrol Community Relations Officers (CROs).

G. S.C. Department of Labor, Licensing and Regulation (LLR)

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 2 (Prevent and Respond).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Review licensure board annual recertification to ensure providers understand prescribing guidelines and PDMP usage.
5. Promote awareness regarding the risks of opioid addiction among licensed healthcare professionals and the public in South Carolina.
6. Educate healthcare providers on prevailing best practices for prescribing.
7. Collaborate with stakeholders and partners to promote opioid misuse prevention awareness to the public.
8. Increase access to naloxone – without a prescription – for patients and caregivers of patients at risk of an opioid overdose.
9. Educate prescribers about potential benefits of simultaneous prescribing of naloxone and opioids for patients at risk of opioid overdose.
10. Increase the number of trained and certified first responders capable of administering naloxone by expanding ROLL (Reduction of Opioid Loss of Life) program deliveries throughout the fire service.
11. Develop a professional licensing board's position statement regarding practice by impaired licensed healthcare professionals while receiving medication-assisted treatment.
12. Integrate the South Carolina Recovering Professional Program.
13. Promote team-based care in the treatment of opioid use disorder, including allowing nurse practitioners and physician assistants to prescribe medicines to treat addiction.
14. Coordinate with law enforcement through LLR, Office of Investigation and Enforcement, on actions to support investigations.

H. S.C. Department of Health and Human Services

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 2 (Prevent and Respond).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Limit Medicaid coverage for opioids to the shortest duration and lowest dosage medically necessary.
5. Leverage Medicaid's Retrospective Drug Utilization Review (RetroDUR) function to focus on suboptimal opioid prescribing.
6. Educate Medicaid providers as to best practices and potential risks surrounding opioid prescribing.
7. Execute five-day prescription limit, pursuant to Governor's Executive Order 2017-43.
8. Ensure appropriate access to treatment and recovery services through the Medicaid program.
9. Streamline coverage guidelines for the coverage of medication-assisted treatment (MAT).
10. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependence, and overdose.

I. S.C. Department of Education

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 1 (Educate and Communicate).
2. Share the free Office of Standards and Learning professional learning opportunity to support opioid abuse prevention for classroom implementation.
3. Provide resources – tailored to students and instructors – on opioid and other drug abuse prevention to school systems.
4. Develop peer education and leadership programs in schools and colleges to promote effective prevention messages.
5. Integrate training for school staff members on the use of naloxone, and how to recognize signs of a substance use disorder.
6. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
7. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependence, and overdose.

J. Medical University of South Carolina (MUSC)

1. Participate as a Primary Agency to support the focus-area groups.

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Provide and make accessible medication that quickly reverses the deleterious effects of opioids.
5. Increase access to specialty opioid use disorder (OUD) medication-assisted treatment (MAT) in rural and underserved areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions.
6. Utilize the expert multidisciplinary MUSC Addiction Science faculty and staff to educate other healthcare providers and the community at large about OUD and effective treatment strategies.
7. Increase the number of buprenorphine treatment providers across the state.
8. Increase the availability of MAT in high-profile opioid use emergency departments (EDs) across the state.
9. Initiate the implementation of MAT in the MUSC, Charleston, ED.
10. Utilize interactive web-based communication across the state.
11. Utilize technology to increase the use of OUD treatment in underserved counties.
12. Support an MAT program at Grand Strand Medical Center and Tideland's Waccamaw Medical Center ED.

K. S.C. Association for the Treatment of Opioid Dependence

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Reduce the number of opioid-related fatalities in the state through positive intervention, treatment, and recovery programs.
5. Expand implementation of Overdose Education and Naloxone Distribution (OEND) programs at all opioid treatment programs (OTPs) in the state.
6. Increase availability of cost-free overdose-reversal medication directly to persons with an opioid use disorder.
7. Increase access to medication-assisted treatment (MAT) medications, including buprenorphine and methadone, for persons in the criminal justice system.
8. Establish at least one new pilot program for access to MAT in incarcerated settings.
9. Initiate at least one additional MAT access pilot in a state drug court not currently allowing participants to take opioid use disorder treatment medications.
10. Partner with other stakeholders to improve access to methadone treatment for persons with limited ability to pay for services.
11. Establish methadone treatment as a covered benefit under S.C. Medicaid.
12. Utilize the State Targeted Response to the Opioid Crisis Grant to fund methadone treatment for pregnant and postpartum women unable to afford care, at least until the time that Medicaid coverage is established.
13. Partner with other stakeholders working to develop funding sources to assist persons with an opioid use disorder in need of methadone treatment who are unable to afford care.

L. S.C. State Attorney General's Office

1. Participate as a Primary Agency to support the focus-area groups.
2. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
3. Seek court-ordered injunctions and monetary damages for State Medicaid and SC PEBA from Purdue Pharma through the Attorney General's Office's pending litigation.
4. Continue investigations into other manufacturers and distributors of opioids for potential violations of South Carolina law, including the South Carolina Unfair Trade Practices Act.

M. S.C. Department of Corrections

1. Participate as a Primary Agency to support the focus-area groups.
2. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
3. Coordinate with stakeholders and partners on how to expand access to treatment and recovery services to prevent relapse and recidivism when individuals are released.

N. S.C. Department of Probation, Parole and Pardon Services

1. Participate as a Primary Agency to support the focus-area groups.
2. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

O. S.C. Coroner's Association

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 2 (Prevent and Respond).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Enhance surveillance and information on overdose-related deaths to gain greater fidelity on the opioid epidemic.
5. Improve classification of opioid overdose deaths on death certificates to ensure accurate surveillance of overdoses in the state.
6. Provide refresher training to all coroners in the state within the next 90 days to assist in classification.
7. Improve access to specialized toxicology testing services in the state to support classification of deaths.

P. South Carolina Office of Rural Health

1. Participate as a Supporting Agency to the focus area groups, with specific support to Focus Areas 1 and 2.

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community need for inclusion in the respective annexes for the focus areas.
3. Assist with development of data and information sharing solutions to support interagency and partner access to support assessments, delivery of services and prioritization of resources.
4. Identify federal, state and other funding mechanisms that are directed to combat opioid abuse, misuse and overdose specifically in rural communities (through the Federal Office of Rural Health Policy within the U.S. Department of Health and Human Services as well as through the U.S. Department of Agriculture, among others).
5. Partner with SCMA and SCHA to provide public education through rural hospitals and physician practices.
6. Partner with SCMA and key physician specialty associations on education and training for prescribing healthcare practitioners (especially Rural Health Clinics), to include alignment with existing practice transformation efforts.
7. Support rural health systems and physician practices in establishing active interfaces between their respective electronic health records (EHRs) and the SCRIPTs prescription drug monitoring system as well as related practice integration efforts to support effective utilization.
8. Partner with DHEC on implementation of the community paramedic program for rural patients discharged after overdose to support recovery.
9. Support rural first responder and law enforcement access to and training for naloxone administration in the field.
10. Actively support rural health systems and physician practices in engaging in telemedicine to provide medication assisted treatment, among education and/or training opportunities in rural communities.
11. Support collaboration between rural health systems and law enforcement agencies at a local and state level on the interface between opioid use disorder identification and treatment and detection, interdiction and enforcement of drug related charges and violations.
12. Support collaboration and coordination between rural stakeholders in order to identify and promote alignment between community-based recovery programs and resources.
13. Guide rural grassroots organizations in engaging communities in order to most effectively meet the local jurisdiction need.

Q. S.C. Medical Association (SCMA)

1. Serve as a Coordinating Agency to support Focus Area 1 (Educate and Communicate).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Continue the SCMA's internal Opioid Task Force in an effort to keep the organization engaged on all fronts, legislatively and administratively.
5. Develop and disseminate communication guidelines for physician-to-physician communication about proper opioid prescription processes.
6. Develop and disseminate communication guidelines for physician-to-patient communication about proper opioid use and disposal of excess prescriptions.
7. Increase public awareness through the production and dissemination of the SCMA Alliance poster.
8. Continue to be a resource for executive and legislative leaders as they continue to develop policies to address this issue on a statewide level.

R. S.C. Hospital Association (SCHA)

1. Serve as a Coordinating Agency to support Focus Area 1 (Educate and Communicate).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Partner with the SCMA to provide public education through hospitals and physician practices.
5. Partner with the SCMA and key physician specialty associations on education and training for prescribing healthcare practitioners.

6. Actively align the SCHAs public and healthcare professional education and training with other stakeholder organizations.
7. Coordinate and support implementation of specific hospital-based opioid prescribing guidelines by specialty and procedural category.
8. Promote academic detailing programs and resources to hospital system medical staffs and owned physician practices.
9. Actively support first responder and law enforcement access to and training for naloxone administration in the field.
10. Support training of emergency department physicians and staff in management of opioid use disorder overdoses and early triage to medication-assisted treatment (MAT).
11. Guide hospital systems in establishing active interfaces between their respective electronic health records and the SCRIPTS prescription drug monitoring program.
12. Encourage hospital systems to provide access to and support for medical staff members and employed physicians to gain training and certification to provide MAT.
13. Actively support the development of telemedicine hubs to provide MAT in partnership with hospitals and primary care practices in rural settings.
14. Facilitate hospital systems and their medical staffs / physician practices in adopting standardized/unified prescribing guidelines for acute and chronic pain management.
15. Identify and promote alignment between hospital systems and community-based recovery programs and resources.
16. Facilitate collaboration between hospital systems and law enforcement agencies at the local and state level on the interface between opioid use disorder identification and treatment and the detection, interdiction, and enforcement of drug-related charges and violations.

S. Prisma Health

1. Participate as a Supporting Agency to support the focus-area groups.
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Establish appropriate patient expectations at the beginning of every encounter to reduce misuse and abuse of prescription opioid (Prisma Health Opioid Stewardship Program).
5. Expand external marketing campaign for CARES.
6. Collaborate with stakeholders to maximize provider education (attending/APPs/residents) to ensure common understanding of roles and responsibilities in addressing the opioid problem.
7. Implement nursing education on the value of non-opioid first and lowest dose to effectively manage pain.
8. Collaborate with the University of South Carolina School of Medicine faculty to increase awareness during training.
9. Promote and increase utilization of non-opioid surgeries.
10. Reduce opioids at discharge and coordinate alternative non-opioid pain management options and pain management guidelines/incentives.
11. Develop and implement best practice-based “pain power plans.”
12. Supplement cultural shift to non-opioids first with available medications/therapies.
13. Assess and monitor patients appropriately for pain and risk for opioid misuse and dependence.
14. Identify all resources available to create an addiction services campaign.

T. S.C. Department of Mental Health

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

U. Behavioral Health Services Association of South Carolina Inc.

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Assist in creating additional capacity for patients expected to enter treatment facilities.
5. Sustain necessary evidence-based practices for the growing population of substance use disorder patients.
6. Collaborate with other stakeholders to increase the number of certified/licensed staff to provide prevention, intervention, treatment, and recovery-support services to the public.
7. Sustain continuing education for staff, in addition to utilizing new methods and clinical best practices for assisting patients.
8. Expand local partnerships with providers and the community to maximize resources for addressing an increasing population seeking recovery assistance.
9. Assist in the expansion of the use of medication-assisted treatment to all areas of the state (e.g., telemedicine, local physician / nurse practitioner (NP) partnerships, hiring physicians/NPs).
10. Monitor and provide recommendations of modifications necessary in the 2009 Mental Health Parity and Addiction Equity Act to address opioid treatment and recovery.

V. S.C. Department of Insurance

1. Participate as a Primary Agency to support the focus-area groups.
2. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
3. Work with payers to review insurance practices and ensure that they do not impede access to treatment.

4. Implement policies with provider groups and insurers that promote the effective use of prescribing guidelines, including alternative treatments.

W. S.C. Revenue and Fiscal Affairs Office

1. Assist the OERT and stakeholders with data and information sharing that will provide situational awareness, assist in tracking progress across program areas, and inform the public.
2. Collaborate with OERT partners on how to best share and protect data needed for program implementation for each focus area as necessary.
3. Participate as a member of the OERT data sharing and information working group to enable shared understanding of methods to host and disseminate information.
4. Provide recommendations on how to capture data for use in measuring progress against implementation action metrics.

X. S.C. Department of Social Services

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

Y. BlueCross BlueShield of South Carolina

1. Participate as a Supporting Agency to support the focus-area groups.
2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.
3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.
4. Provide insights on how insurers and group providers can support initiatives within the SCOERP.

5. Share observations and best practices in monitoring opioid prescriptions and offering alternative treatment recommendations and treatment and recovery programs.

XI. FEDERAL SUPPORT

A. U.S. Drug Enforcement Administration / Atlanta and Carolinas HIDTA

1. Support Focus Area 4 (Employ Coordinated Law Enforcement Strategies).
2. Identify, investigate, and prosecute drug trafficking organizations that are trafficking controlled substances within the state of South Carolina and supplying controlled substances to the state of South Carolina.
3. Utilize the Diversion and Tactical Diversion Squad to prevent, detect, and investigate the diversion of controlled pharmaceuticals and listed chemicals from legitimate sources.
4. Work with federal, state, and local partners on community outreach and awareness.

B. U.S. Postal Inspection Service

1. Support interdiction actions employing advance electronic data to curb the flow of illicit opioids from national and international sources.
2. Employ shared technologies to improve interdiction efforts with federal and state partners.

C. U.S. Department of Justice

1. Share information from the Prescription Interdiction and Litigation Task Force to assist the OERT.
2. Share actions from other U.S. Attorney's Offices for implementation in South Carolina, such as the Heroin Education Action Team (HEAT) and other tools being used nationally.

D. Centers for Disease Control and Prevention

1. Assist in sharing best practices and lessons learned on programs across the nation.
2. Share opioid use disorder treatment initiatives and protocols.

E. Substance Abuse and Mental Health Services Administration (SAMHSA)

1. Assist in the education and use of the SAMHSA Opioid Overdose Prevention Toolkit.
 2. Assist in education and implementation of the Strategic Prevention Framework to support local jurisdictions and communities.
- F. U.S. Department of Health and Human Services
1. Share information on HHS focus areas to assist in shaping plan implementation efforts related to prevention, treatment, data management, and research.
 2. Disseminate progress of an interagency task force in addressing actions and success against each opioid epidemic priority.

XII. REPORTING, EVALUATION, AND PLAN MAINTENANCE

- A. Coordinating agencies will meet with their focus group partners during each quarter to share information, best practices, and assessment of progress related to objectives.
- B. The OERT co-chairs will conduct a principals meeting quarterly – or as required – to receive updates from the focus groups in order to provide updates to the Governor’s Office and the South Carolina House of Representatives Opioid Abuse Prevention Study Committee
- C. The OERT co-chairs are responsible for the development, coordination, and review and updating of this plan and supporting attachments and annexes.
- D. State agencies, stakeholders, and private-sector partners are responsible for developing and maintaining portions of this plan.
- E. At a minimum, the OERT principals will review and update this plan on a semi-annual basis or as the operational environment warrants updates to support implementation to achieve goals and outcomes.

I. AUTHORITIES AND REFERENCES

A. Authorities

Executive Order 2017-42, Proclamation of a Statewide Public Health Emergency and Establishment of the Opioid Emergency Response Team, December 18, 2017.

B. References

1. The President's National drug Control Strategy, Office of National Drug Control Policy, January 2019.
2. South Carolina House of Representatives Opioid Abuse Prevention Study Committee, January 2018.
3. DAODAS Just Plain Killers website <http://justplainkillers.com/drug-safety/#toolkit>
4. Centers for Medicare and Medicaid Services, Opioid Resources website <https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page.html>
5. South Carolina Department of Health and Environmental Control, Drug Overdose Deaths, 2017.
6. Governor's Prescription Drug Abuse Council, State Plan to Prevent and Treat Prescription Drug Abuse, Progress Summary, May 2017.
7. The President's Commission on Combating Drug Addiction and the Opioid Crisis, November 1, 2017.
8. National Safety Council, Prescription Drug Community Action Kit, <https://www.nsc.org/home-safety/tools-resources/rx-community-action-kit> Opioid
9. Centers for Disease Control and Prevention, Rx Awareness Campaign, September 25, 2017.
10. US Department of Health & Human Services website <https://www.drugabuse.gov/opioid-summaries-by-state/south-carolina-opioid-summary>

II. ATTACHMENTS

- A. South Carolina Opioid Response Resource List
- B. South Carolina Opioid Data and Information Sharing
- C. South Carolina Public Information Opioid Response

III. ANNEXES

- A. Annex 1 Focus Area – Communicate and Educate
- B. Annex 2 Focus Area – Prevent and Respond
- C. Annex 3 Focus Area – Treat and Recover

D. Annex 4 Focus Area – Employ Coordinated Law Enforcement Strategies

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

COORDINATING AGENCIES:	S.C. Medical Association (SCMA), S.C. Hospital Association (SCHA)
PRIMARY AGENCIES:	BlueCross BlueShield of South Carolina (BCBSSC); S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS); S.C. Department of Health and Environmental Control; S.C. Department of Labor, Licensing and Regulation; Chernoff Newman
SUPPORTING AGENCIES:	S.C. Department of Health and Human Services, S.C. Educational Television, S.C. School Boards Association, Behavioral Health Services Association of South Carolina Inc., Faith-Based Organizations, Local Coalitions, Hospitals & Medical Practices, Other Professional Associations & Private Sector Partners

I. INTRODUCTION/PURPOSE

The Focus Area 1 communication and education initiative supports existing efforts in South Carolina to help address the opioid crisis. The two coordinating agencies – joined by BCBSSC – will work to advance the conversation that physicians have with their patients regarding pain and pain management, as well as to raise general population awareness of the dangers of opioid use.

- A. Focus Area 1 will endeavor to encourage open dialogue between physicians and their patients, family members, and the community at large around realistic expectations for experiencing and managing pain to help stem the opioid crisis and surge in overdose deaths.
- B. Potential measurable objectives include:
 - i. Reduction in the number of opioid prescriptions dispensed annually by South Carolina physicians
 - ii. Increases shown in alternative modes of therapy used by patients for pain management
- C. Focus Area 1 will also continue existing efforts to educate and inform the people of South Carolina about the grave consequences associated with prescription pain killer/opioid abuse.
- D. Measurable objectives for this goal include:
 - i. Raising the general population awareness of the dangers of opioid use, as measured by research
 - ii. Providing county alcohol and drug abuse authorities, other partners, and stakeholders throughout the state with the tools they need to directly impact populations throughout the state.

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

II. ASSESSMENT

- A. The new initiative noted above is primarily centered on implementing and elevating key discussions on opioids, pain, and prescribing. These conversations occur:
 - i. Physician to physician
 - ii. Physician to patient
 - iii. Hospital to physician
 - iv. Hospital to patient
 - v. Insurance carrier to hospitals, physicians, and patients
- B. The following guidelines will inform this first initiative’s development:
 - i. Tagline development
 - ii. Messages, materials, and calls to action with a common voice, look, and feel
 - iii. Creation of all calls to action to specifically resonate with each audience
- C. The ongoing initiative noted above – the “Just Plain Killers” campaign created by DAODAS and Chernoff Newman – will continue to disseminate messages and resources via:
 - i. www.JustPlainKillers.com
 - ii. Social media (i.e., Facebook, Twitter, Instagram)
 - iii. Paid traditional and social media

III. GOALS & TIMELINE

- A. Plan campaign that seeks to create realistic expectations of pain and its management, as well as develop campaign messages.
- B. Engage in campaign design and initial implementation.
- C. Conduct strategic dissemination of pain management campaign and the campaign’s initial evaluation.
- D. Refine the campaign and conduct final evaluation.
- E. Execute Year 2 of the “Just Plain Killers” campaign with messages that support the pain management campaign spearheaded by SCMA, SCHA, and BCBSSC.

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

Goal 1: Plan campaign that seeks to create realistic expectations of pain and its management, as well as develop campaign messages

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
Opioid Risk Prevention Partnership (ORPP), consisting of S.C. Medical Association [SCMA], S.C. Hospital Association [SCHA], Blue Cross / Blue Shield of South Carolina [BCBSSC])	Conduct formative research through environmental scan.	near-term	Complete scan	Completed
ORPP, DAODAS, Chernoff Newman	Meeting of campaign partners to confirm priorities and availability of information to guide campaign development and evaluation thereof, including potential metrics.	near-term	Completion of message and visuals testing	Completed
ORPP, Chernoff Newman	Message testing and testing of campaign visual identity concepts with partners.	near-term	Completion of message and visuals testing	On target
ORPP	Begin to develop strategic outline for campaign implementation, including a dissemination plan.	near-term	Completion of strategic outline	Completed

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FOCUS AREA – EDUCATE AND COMMUNICATE

Goal 2: Engage in campaign design and initial implementation

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
ORPP	Finalize strategic outline for campaign implementation including dissemination plan.	near-term mid-term	Completion of strategic outline	On target
ORPP	Create Pain Management Treatment Protocol to support provider/patient communication (and their family members).	near-term mid-term	Creation of protocol	On target
ORPP	Incorporate new overarching messages into existing materials/websites including opportunities for SCMA and MUSC CME training programs (telehealth and Project ECHO for rural physicians).	near-term mid-term	Insertion of new messages into existing platforms	To be scheduled
ORPP	Create new materials for each partner with tested messages and concepts that highlight effective communication strategies between physicians and their patients.	near-term mid-term	Creation of materials	To be scheduled
ORPP	Develop brief social media research and execution plan targeting physicians and patients to inform social media teaser campaign/dissemination	near-term mid-term	Development of plan	To be scheduled
ORPP	Begin social media teaser campaign and begin dissemination of activities and materials	near-term mid-term	Launch of social media teaser campaign & material distribution	To be scheduled
ORPP	Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics	near-term mid-term	Monthly meetings	To be scheduled
Prisma Health	Develop online CME education for controlled substance prescribing best practices.	mid-term	# of prescribers attaining education	Development in Progress
Prisma Health, DAODAS	Develop prescribing academy for physician champions in acute care.	mid-term	CME and Academy Creation	Development in Progress

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

Goal 3: Conduct strategic dissemination of pain management campaign and the campaign's initial evaluation

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
ORPP	Working with partners, continue to implement dissemination and evaluation activities by audience.	mid-term	Continuation of dissemination of evaluation	To be scheduled
ORPP	Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics	mid-term	Monthly meetings	To be scheduled
ORPP	Refine campaign activities as appropriate based on evaluation findings	mid-term	Refinement of campaign	To be scheduled

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

Goal 4: Refine the campaign and conduct final evaluation

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
ORPP	Engage in final campaign refinement based on evaluation results.	long-term	Refined campaign	To be scheduled
ORPP	Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics	long-term	Monthly meetings	To be scheduled
ORPP	Confirm final evaluation plan that encompasses both initial and refined campaign activities	long-term	Creation of final evaluation plan	To be scheduled
ORPP	Finalize evaluation analysis	long-term	Completion of evaluation analysis	To be scheduled
ORPP	Develop report on evaluation results	long-term	Creation of evaluation report	To be scheduled

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

Goal 5: Execute Year 3 of the “Just Plain Killers” campaign with messages that align with the pain management campaign spearheaded by ORPP

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, Chernoff Newman, SCMA, SCHA, BCBSSC	Meet with partners to discuss separation of messaging between “Just Plain Killers” and new physician/patient campaign.	near-term	Meeting held	Completed
DAODAS, Chernoff Newman	Conduct benchmark survey of South Carolinians regarding expectation around pain management.	near-term	Survey completed	Completed
DAODAS, Chernoff Newman	Develop tag line, messaging, and visuals regarding pain management and overdose prevention	near-term	Development of campaign elements	Completed
DAODAS, Chernoff Newman	Test campaign elements with various focus group and the county alcohol and drug abuse authorities.	near-term	Completion of focus group testing	Completed
DAODAS, Chernoff Newman	Launch television PSAs, outdoor, radio, website elements, and social media channels.	near-term mid-term	Launch through various media	Completed
DAODAS, Chernoff Newman	Conduct post-campaign awareness survey.	mid-term	Survey completed	Completed
DAODAS, Chernoff Newman	Meet to discuss post-campaign evaluation and Year 3 strategy of the campaign to include media and marketing regarding overdose prevention and evidence-based treatment for opioid use disorder.	mid-term	Meeting held	Scheduled for June 14, 2019

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

IV. CONCEPT OF THE OPERATION

- A. The new physician/patient campaign will encourage open dialogue between physicians and their patients, family members, and the community at large around realistic expectations for experiencing and managing pain to help stem the opioid crisis and the surge in overdose deaths. Potential measurable objectives include: 1) reduction in the number of opioid prescriptions dispensed annually by South Carolina physicians; and 2) increases shown in alternative modes of therapy used by patients for pain management.
- B. The continuation of the “Just Plain Killers” campaign – and integration of other Opioid Emergency Response Team efforts under this umbrella – will raise general population awareness of the dangers of opioid use, as measured by research. The campaign also seeks to reduce the stigma surrounding the issue of opiate-related drug misuse/abuse in South Carolina, and to support local offices, partners, and stakeholders throughout the state by providing them with the tools they need to directly impact South Carolina’s various populations.

V. AGENCY RESPONSIBILITIES

- A. Each agency listed above is responsible for:
 - i. Outreach to community partners, as related to each agency's initiatives
 - ii. Tracking of progress
 - iii. Updating annex as needed
- B. Each agency commits to attending regular meetings regarding this annex.

VI. RESOURCES

- State Opioid Response Grant

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

I. GOALS & TIMELINE

- A. Reduce the number of opioids prescribed in South Carolina.
- B. Reduce the amount of unneeded opioid medications in homes.
- C. Reduce the number of fatal opioid overdoses.
- D. Increase treatment options for individuals suffering from opioid use disorder and help facilitate access to care.
- E. Enhance and expand opportunities for data-driven opioid-related decisions.

Goal 1: Reduce the number of opioids prescribed in South Carolina

(near-term [30–150 days], mid-term [6-12 months], long-term [12 months and beyond])

PMP Related Activities

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Continue to promote the use of the PMP and conduct training for providers and dispensers on the benefits and use of the program:	<u>Long-term</u>	Including data in PMP by 1/2021	Fully implemented
<i>Summary: <u>H. 3728 includes new requirements that need to be operational by January 2021.</u></i>				
DHHS	Incorporate dispensing data from the PMP into the Medicaid claims database, allowing for a more complete picture of opioid use among the Medicaid population: <ul style="list-style-type: none"> Establish linkage and transmission protocol Initiate regular transfer of linked PMP data (limited to the Medicaid population) 	near-term	Execution of a data use agreement, linkage, and transfer of data	<u>Fully implemented</u>
<i>Summary: <u>Data use agreement has been executed.</u></i>				
SCHA, DHEC	Guide hospital systems in establishing active interfaces between their respective electronic health records (EHRs) and the SCRIPTS PMP system.	mid-term long-term	Number of hospitals with active interfacing systems - 14	Underway

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

Agency	Objectives	Timelines	Measure of Success	Progress
<i>Summary: There are currently 14 hospitals that have integrated the SC PMP into their EHRs. More hospitals are working toward this integration also.</i>				
LLR	Review licensing board annual recertification to ensure providers understand prescribing guidelines and PMP usage.	mid-term long-term	Number of licenses reviewed	Ongoing
<i>Summary:</i>				

Prescriber Limits

Agency	Objectives	Timelines	Measure of Success	Progress
DHHS	Execute seven-day prescription limit, pursuant to EO 2018-19: <ul style="list-style-type: none"> Issue public notice of planned benefit changes Incorporate updated language as Medicaid policy and issue policy bulletin Initiate measurement and recoupment for non-compliance 	near-term near-term	Drafting of a bulletin to reflect seven-day limit and publication of bulletin	Completed
<i>Summary:</i>				

Prescription Guidelines and Best Practices

Agency	Objectives	Timelines	Measure of Success	Progress
SCHA	Coordinate and support implementation of specific hospital-based opioid prescribing guidelines by specialty and procedural category.	mid-term long-term	Number of hospitals with Joint Commission and Joint Revised Pain Management Guideline adherence	Underway
<i>Summary:</i>				

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

Agency	Objectives	Timelines	Measure of Success	Progress
LLR, SCMA, SCHA	Educate healthcare providers on prevailing best prescribing practices.	ongoing	Number of providers educated	Underway with license renewal
<i>Summary:</i>				
Hospitals, SCHA	Reduce opioids at discharge: <ul style="list-style-type: none"> • Complete internal education and marketing campaign for providers • Link clinical justification to medications for medication reconciliation • Add Narc-Check to provider workflow Monitor prescriptions for opioids at discharge. Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse.	ongoing	Assessing justification of medications at discharge	Underway at Prisma Health
<i>Summary:</i>				
SCHA, MUSC	Promote academic detailing programs and resources to hospital system medical staff and owned physician practices.	ongoing	Number of providers and systems reached	Table below reflects activity through 11/28/2019 245 provider visits across 14 high risk counties.
<i>Summary:</i>				
	Year 2			
	Q1	Q2	Q3	Q1-Q3
Deliverable	Total	Total	November	YTD
# of provider visits	20	40	32	92
# of initial provider/SOS visits	11	9	16	36
# of provider follow up/tip SC* visits	9	31	16	56

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

Agency	Objectives		Timelines	Measure of Success		Progress	
# of providers attending waiver training	2	5	1	8		16	
# of times detailed providers joined ECHO	11	6	2	19		32	
# of providers registered to the scmataccess.org website	11	-	3	14		22	
*AD visit on Timely Information for Providers in South Carolina (tipSC) topic (e.g., Screening for OUD)							
DOI	Give guidance on implementing policies with provider groups and insurers that promote the effective use of prescribing guidelines, including alternative treatments.		mid-term long-term	Guidance developed and disseminated	Underway		
Summary:							

Alternative Pain Management

Agency	Objectives	Timelines	Measure of Success	Progress
Prisma Health	Supplement cultural shift to non-opioids first with available medications/therapies: <ul style="list-style-type: none"> Obtain approval to utilize ketamine for pain management and add to formulary Add IV Tylenol to formulary within pain team sponsored power plans Implement nursing education on value of non-opioid first 	mid-term (on hold for IV Tylenol; will reinvestigate in October)	Currently underway with three pain power plans; ideally active prior to calendar year's end	Underway

ANNEX 2
FOCUS AREA – PREVENT AND RESPOND

	<p>and lowest dose to effectively manage pain</p> <ul style="list-style-type: none">• Promote and increase utilization of non-opioid surgeries• Reduce opioids at discharge and coordinate alternative non-opioid pain management options and pain management guidelines/incentives• Development and implementation of best practice-based pain power plans• Supplement cultural shift to non-opioids first with available medications/therapies• Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse			
<i>Summary:</i>				

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

Goal 2: Reduce the amount of unneeded opioid medications in homes

(near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])

Promote Take Back Day

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Promote DEA's Take Back Days through DHEC website and social media.	ongoing (twice per year)	Publishing on website News media coverage of event	Completed
<i>Summary: DHEC hosted a Facebook Live event, updated the DHEC take back day webpage, and pushed out information on social media channels to promote the October National Prescription Drug Take Back Day. DHEC will continue promoting take back events biannually and working with different mediums and partners.</i>				

Promote Environmentally Friendly Disposal Methods

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Provide information on website about environmentally friendly ways to dispose of controlled substances and update as needed.	near-term	Publication of webpage	Completed
<i>Summary: DHEC's website was updated to include current information on a webpage for environmentally friendly ways to dispose of controlled substances and was promoted along with the October National Prescription Drug Take Back Day. DHEC will continue to update this webpage and promote it with the biannual take back events.</i>				

Goal 3: Reduce the number of fatal opioid overdoses

(near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])

Continue the ROLL Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC LLR S.C. State Firefighters Association, EMS,	Continue the Reducing Opioid Loss of Life (ROLL) program as supported by DAODAS funding. Collaborate with DAODAS to seek continued funding when existing grants end. Increase the number of trained and certified first responders capable of administering naloxone by expanding ROLL program	ongoing	Increase # of agencies trained # of trained and certified first responders	On target 7 ROLL trainer courses completed- 148 ROLL trainers trained. 12 ROLL practitioner courses

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FOCUS AREA – PREVENT AND RESPOND

Agency	Objectives	Timelines	Measure of Success	Progress
	<p>deliveries throughout the fire service:</p> <ul style="list-style-type: none"> • SCFA EMS Section, in partnership with DHEC, will train SCFA EMS instructors to teach the ROLL program through instructor-led direct delivery • SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online version of the ROLL program for expanded delivery, to include online testing and registration • SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online recertification and continuing education program 			completed-1,147 practitioners trained.

Expand Community and Patient Access to Naloxone

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS , BHSA, SCATOD	Train county alcohol and drug abuse authorities and OTPs on the use and distribution of naloxone.	near-term	# of providers trained	County authorities trained. OTPs scheduled
<i>Summary:</i>				
DAODAS , BHSA, SCATOD	Purchase and dispense naloxone for patients at high risk at all county alcohol and drug abuse authorities and opioid treatment programs.	near-term	# of providers with naloxone available	Progressing

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FOCUS AREA – PREVENT AND RESPOND

Agency	Objectives	Timeline s	Measure of Success	Progress
<i>Summary:</i>				
MUSC	Initiate the distribution of the naloxone kits to emergency department (ED) patients and/or family members that present to MUSC and Horry County EDs following an overdose episode.	near-term	ED implementation	Complete
<i>Summary:</i> 140 Narcan kits distributed across 3 ED to at risk patients to date 11/28/18				
LLR	Increase access to naloxone for patients and caregivers of patients at risk of an opioid overdose without a prescription: <ul style="list-style-type: none"> Continue to promote resources available at www.NaloxoneSavesSC.org, on LLR's website, and add as a link from other agency websites Continue to educate pharmacies about voluntary participation in program to dispense pursuant to joint protocol to initiate dispensing of naloxone HCL without a prescription Appoint an advisory committee to advise and assist in the development of joint protocol for community distributors 	mid-term long-term	# of pharmacies dispensing naloxone # of hits to www.NaloxoneSavesSC.org site Joint protocol approved	Underway
<i>Summary:</i> 33 Approved Community Distributors				

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FOCUS AREA – PREVENT AND RESPOND

Agency	Objectives	Timeline s	Measure of Success	Progress
SCDE	Integrate training for school staff members on the use of naloxone and how to recognize signs of substance use disorder.	mid-term long-term	# of staff trained and schools equipped	Trainings to be scheduled
<i>Summary:</i>				

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FOCUS AREA – PREVENT AND RESPOND

Provider Initiatives

Agency	Objectives	Timelines	Measure of Success	Progress
LLR	Educate prescribers about potential benefits of simultaneous prescribing of naloxone with opioids for patients at risk of opioid overdose: <ul style="list-style-type: none"> Emphasize considerations set forth in Joint Revised Pain Management Guidelines in August 2017 in communication with licensed healthcare professionals with prescriptive authority through e-blasts and other official communication Enforce compliance with continuing education requirements for prescribers regarding monitoring and prescribing controlled substances through auditing and disciplinary processes 	ongoing	Measured output on communication, website hits, CME completed for licensure	Underway
<i>Summary:</i>				

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FOCUS AREA – PREVENT AND RESPOND

Goal 4: Increase treatment options for individuals suffering from opioid use disorder and help facilitate access to care

(near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])

Remove Regulatory Barriers

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Facilitate access to quality treatment facilities by evaluating existing regulatory requirements and remove unnecessary barriers to allow for the increase in the number of quality treatment facilities: <ul style="list-style-type: none"> Update the State Health Plan annually to reflect the current need for treatment facilities Seek input from stakeholders regarding DHEC's Psychoactive Substance Abuse or Dependence (PSAD) Regulation 61-93 and revise as needed 	<u>mid-term</u> <u>mid-term</u>	Adoption of State Health Plan by DHEC Board <u>by November 2019</u> Promulgation of changes to Regulation 61-93 submitted to General Assembly for review <u>by January 2020</u>	On target On target
<i>Summary:</i>				

Community Paramedic Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Implement the community paramedic program for patients discharged after an opioid overdose: <ul style="list-style-type: none"> Enter into contracts with EMS agencies to allow funding for home visits to discharged overdose patients DHEC and DAODAS will collaborate to continue funding for this program 	near-term long-term	Numbers of home visits to increase on a quarterly basis Identification of funding (DAODAS and DHEC)	On target Ongoing
<i>Summary:</i>				

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Additional funds were identified to continue COPE through September. Funds were requested through CDC's O2D grant.

DHEC Health Clinic Referral Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Evaluate the system for DHEC staff to assess health clinic clients' substance misuse/abuse and refer to external resources: <ul style="list-style-type: none"> • Study the availability of referral mechanisms • Investigate legal liability of such client assessments • Develop and/or revise relevant policies • Develop and implement training for staff in the assessment and referral of clients suffering from substance misuse/abuse 	near-term near-term near-term long-term	1. Appropriate referral mechanisms have been identified. 2. OGC provides approval of assessment questions used in DHEC client services/ clinical encounters. 3. Policies are adopted and in place. 4. Training developed and provided to appropriate DHEC staff.	On target
<p><i>Summary:</i> DHEC program areas (WIC, TB, Preventive Health) already ask assessment questions regarding substance use on clinic forms & clinicians document the client responses. A policy was drafted to address the continued assessment of clients for substance use and providing referrals/linkages to evidence-based treatment services. The draft policy was presented to the DHEC Medical Group & Regional Nursing Directors for input. MCH is addressing this issue through the PRISM Learning Collaborative. Additional SBIRT training is being scheduled.</p>				

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FOCUS AREA – PREVENT AND RESPOND

Hospital Emergency Department Intervention/Referrals

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS, Hospitals	Support hospital emergency departments (EDs) in implementing SBIRT model: <ul style="list-style-type: none"> Support GHS, MUSC, and Grand Strand hospitals to conduct screenings, interventions, and referrals through July 2018 Reach out to hospitals and/or community health service sites for new implementation/practice prior to June 2018 	near-term mid-term	# of hospitals	5 Hospitals
<i>Summary:</i> <i>Across 3 hospital Eds (Tidelands, Waccamaw, Grand Strand and MSC- 5,231 ED patients formally screened for any substance use/misuse, 184 inducted on buprenorphine in the ED, 147 arrived to fast track provider follow-up appointment. New hospital EDs in Greenville and Spartanburg start March 2019.</i>				
Hospitals	Support training of ED physicians and staff in management of opioid use disorder overdoses and early triage to medication-assisted treatment	mid-term long-term	# of providers trained	Underway 4 hospitals implemented
<i>Summary: Four (4) hospitals implemented.</i>				

Community Resource Alignment

Agency	Objectives	Timelines	Measure of Success
DSS, DAODAS, BHSA, SCATOD	Assist in training social service providers on community resources and social supports for treatment and recovery services.	ongoing	# of DSS workers trained
<i>Summary: Considerations of LMS or in-person training.</i>			
SCHA, Others	Identify and promote alignment between hospital systems and community-based recovery programs and resources.	ongoing	Agreements established Patients referred
<i>Summary: S.C. Behavioral Health Coalition meetings underway.</i>			

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Goal 5: Enhance and expand opportunities for data-driven opioid-related decisions.

(near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	<p>Enhance and expand the data available by providing a DHEC-developed informatics dashboard to be published on the statewide opioid website that contains timely and relevant opioid-related health data to inform the public, healthcare providers, and educators, and to assist with data-driven public health decisions:</p> <ol style="list-style-type: none"> 1. Develop an initial opioid dashboard with user-friendly visuals and metrics 2. Update the current DHEC webpage with relevant opioid-related information 3. Maintain the dashboard and webpage with relevant and timely information 4. Standardize underlying data structure driving dashboards and Just Plain Killers site. 5. Explore and operationalize a public data portal that provides relevant and timely data to the public 	<ol style="list-style-type: none"> 1. near-term 2. near-term 3. ongoing 4. near-term 5. near-term 	<ol style="list-style-type: none"> 1. Four dashboards 2. Updated webpage 3. Updated dashboards within four weeks of new data becoming available 4. Contractor is utilizing underlying data driving the dashboards. 5. Just Plain Killers website live with four embedded dashboards 	<ol style="list-style-type: none"> 1. Complete 2. On target 3. In-progress 4. On target 5. Complete
<p><i>Summary: The opioid dashboards were developed and launched on the JustPlainKillers website. The dashboards have been maintained and updated with timely data and information. The data committee is on target to standardize the underlying data structure driving the dashboards.</i></p>				
OERT Data Committee	Meet regularly to provide guidance for the dashboard and webpage.	ongoing	Meet at least quarterly	On target

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	Provide data, as needed, to maintain the timeliness of the dashboard and data portal.			
Summary: <i>The OERT Data Committee has been meeting to provide guidance on the dashboard, data portal and inform the overall committee.</i>				

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FOCUS AREA – TREAT AND RECOVER

COORDINATING AGENCY:	S.C. Department of Alcohol and Other Drug Abuse Services
PRIMARY AGENCIES	Behavioral Health Services Association of South Carolina Inc.; S.C. Association for the Treatment of Opioid Dependence; Medical University of South Carolina; Faces and Voices of Recovery; S.C. Association of Alcoholism and Drug Abuse Counselors; S.C. Department of Probation, Parole and Pardon Services; Oxford House Inc.
SUPPORTING AGENCIES:	S.C. Department of Health and Environmental Control; S.C. Department of Corrections; S.C. Department of Health and Human Services; S.C. Department of Juvenile Justice; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Mental Health; Colleges and/or Universities (TBD); Hospitals; Medical Practices

I. INTRODUCTION/PURPOSE

- A. Access to treatment and recovery services is critical to addressing opioid dependency and addiction. Eliminating barriers to treatment access – including the shame associated with seeking help – is paramount to addressing the opioid crisis. Recovery-supportive communities that embrace individuals and families with a local presence are also essential for long-term support of recovering populations.
- B. Agencies, organizations, and businesses that serve individuals and families will work together to develop more treatment and recovery opportunities to lessen the risks and consequences associated with opioid dependence and addiction and to support healthy lives in long-term recovery.

II. ASSESSMENT

The risk of death related to opioid overdose requires evidence-based approaches to address opioid dependency and addiction. Medication-assisted treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies. The three medications commonly used to treat opioid addiction are methadone, naltrexone, and buprenorphine. Individuals who receive effective treatment *and* structured support in the community are more likely to achieve long-term recovery, health, wellness, and civic engagement.

The availability of MAT and the accessibility of recovery-support communities are currently limited, particularly in rural areas. Inadequate access to care and community support can lead to negative outcomes, including prolonged opioid use, incarceration, and overdose death.

While treatment services are available in public and private outpatient and inpatient settings as well as with hospital system providers, many citizens face various barriers in accessing treatment and recovery services across our state. Approximately 6,500 to 7,000 citizens currently access treatment with methadone at one of the 21 opioid treatment programs operating in our state. Patients from each of South Carolina's 46 counties access this treatment, some having to travel in excess of an hour each way, multiple times per week for care.

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Many county alcohol and drug abuse authorities provide office-based opioid agonist treatment inclusive of naltrexone and buprenorphine, while some county authorities are working to expand access to this treatment with telehealth technology. There are more than 514 physicians statewide who are waived and eligible to practice office-based MAT. Most of the medical providers in the state who are able to prescribe medications for opioid use disorder are in practice around metropolitan areas. More physicians, physician assistants, and advanced nurse practitioners must be waived and willing to treat opioid dependency and addiction to meet the needs of citizens.

All communities in South Carolina should embrace citizens living in long-term recovery. There are over 300,000 currently, and the numbers will grow exponentially as more people find recovery from the addiction we are addressing. Recovery community organizations (RCOs) offer non-clinical peer assistance that supports recovery, reduces relapse, and promotes high-level wellness in individuals, families, and the communities where they exist. As RCOs are developed and grow around our state, more peer-based recovery support services such as coaching, peer recovery groups, and telephone recovery support are available. This elevates awareness of healthy lives in long-term recovery, thereby eliminating stigma and discrimination of those experiencing addiction.

Housing for people who are newly sober can provide time and support in the first stages of long-term recovery. Recovery residences provide safe and healthy environments that empower people transitioning toward independent living. Availability of recovery housing that adheres to standards and ethics is important for the growing number of individuals in need of drug-free housing in our state.

Access to mutual aid programming that is supportive of the unique lived experiences of individuals with opioid use disorder, and families and friends of individuals with narcotic addiction, is important. Nar-Anon and Opiates Anonymous offer fellowship with understanding and acceptance of the unique nature of opiates. With only four Nar-Anon groups and one Opiates Anonymous group in the state, there is wide opportunity for more development of this unique kind of mutual aid fellowship in our state.

Goals and objectives related to treatment and recovery must focus on system and workforce readiness to engage and treat individuals with opioid dependence and addiction. Efforts must also support RCOs and recovery networks to bring recovery-focused activities, programs, and services to localities statewide.

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FOCUS AREA – TREAT AND RECOVER

III. GOALS & TIMELINE

- A. Build the capacity of providers to deliver appropriate treatment and recovery services
- B. Engage people affected by opioid dependence and addiction in services
- C. Ensure the availability and accessibility of treatment and recovery services
- D. Support the development and enhancement of recovery supports in communities

Goal 1: Build the capacity of providers to deliver appropriate treatment and recovery services

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, PPP	Train officers with the Department of Probation, Parole and Pardon Services on the science of addiction, recognition of symptoms, referral to treatment, and prevention of overdose.	mid-term	# of officers trained	Underway
BHSA, DAODAS, SCAADAC, SCATOD	Increase the number of behavioral health specialists educated on the science of opioid use disorder and medication-assisted treatment.	ongoing	# of professionals trained	Underway Over 500 sessions currently completed.
DAODAS, BHSA, SCATOD	Increase the number of behavioral health specialists and health professionals trained in Motivational Interviewing.	near-term mid-term	# of professionals trained	Underway

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Goal 2: Engage people affected by opioid dependence and addiction in services

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, Judicial Circuit	Establish a diversion or deflection program in at least one judicial circuit. Support drug court expansion with all circuits.	mid-term	Courts established # of participants	Implementation Underway; MAT Court established in York County
DAODAS, FAVOR	Develop a collegiate recovery pilot program in one two-year college.	mid-term long-term	Program established	Completed; established at Greenville Technical College; ongoing technical assistance
DAODAS, FAVOR	Develop a collegiate recovery pilot program in one four-year college or university	mid-term long-term	Program established	Completed; established at the University of South Carolina and the College of Charleston; ongoing technical assistance
MUSC, DHHS, DAODAS, Hospitals	Expand buprenorphine induction and MAT fast-tracking to outpatient care with warm hand-offs from emergency departments (inclusive of naloxone training and peer support).	mid-term long-term	# of programs established	Underway; 2 programs established and 2 within implementation phase
DHEC, DAODAS	Train staff at public health clinics in Screening, Brief Intervention, and Referral to Treatment (SBIRT).	mid-term	# of staff # of clinics practicing	Underway to implement in all clinics; trainings scheduled for DHEC staff in June 2019
DAODAS, Hospitals	Increase access to Screening, Brief Intervention, and Referral to Treatment (SBIRT) for adults in rural hospital emergency departments.	mid-term long-term	# of hospitals implementing	Underway; staff trained in Pickens Emergency Department; trainings scheduled in June 2019
DAODAS FQHCs	Increase Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Federal Qualified Health Centers (FQHCs).	mid-term	# of staff trained	Underway; 25 staff trained as of June 2019

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FOCUS AREA – TREAT AND RECOVER

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS	Conduct a comprehensive resource mapping in faith communities to increase partnership with local County Authorities to address opioid misuse.	short-term mid-term	Completed needs assessment Developed advisory group	Underway

Goal 3: Ensure the availability and accessibility of treatment and recovery services

(near- term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
BHSA, DAODAS, SCORH, SC AHEC	Increase the number of county alcohol and drug abuse authorities providing MAT as an option for patients.	mid-term	# of programs with accessibility	Underway; 75% of authorities are providing MAT as of June 2019; on target to cover all 32
FAVOR, SCDC, DAODAS	Increase the number of inmates at SCDC who are trained as peer support specialists and coaches. Expand SUD training for SCDC staff. Evaluate Peer and MAT re-entry programming.	mid-term long-term	# of certifications given and coaches trained # of staff trained Evaluation completion	Underway; increased to 43 as of June 2019; trainings scheduled for July and October 2019.
Hospitals, FAVOR, BHSA, DAODAS	Increase the number of hospitals with Peer Support Specialist intervention.	mid-term long-term	# of hospitals with specialists	Underway; increased to 5 as of June 2019; ongoing integration in Charleston, Greenville, Horry and Richland Counties
OTPs, DAODAS, DHHS	Increase the number of patients whose treatment at OTPs is subsidized.	ongoing	# of patients with covered care	Underway; 203 new patients since January 2019
DAODAS, BHSA	Develop 15 health homes in high need counties to support primary care, behavioral health services and MAT for patients	mid-term long-term	Health homes established # of patients served	Underway; currently in implementation phase

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Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, BHSA	Increase access to the full spectrum of treatment services by supporting transportation for those who would otherwise not be able to receive services.	short-term	# of patients accessing MAT	Planning phase underway

Goal 4: Support the development and enhancement of recovery communities

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
Oxford House, DAODAS	Increase the number of Oxford Houses in areas of high need.	mid-term long-term	# of Oxford Houses	Underway; increased to 74 as of June 2019; continue to target high need rural counties
DAODAS, SCARC, NARR	Develop a NARR standard-based certification process and data management system for South Carolina Recovery Housing Providers.	mid-term long-term	# of training workshops Data management system established	Underway; training workshops scheduled; capacity survey initiated
BHSA, FAVOR	Increase the number of Certified Peer Support Specialists.	mid-term long-term	# of certifications	Underway; increased to 309 as of June 2019; next training scheduled for November 2019
BHSA, FAVOR	Increase the number of Opiates Anonymous groups in the state.	mid-term long-term	# of groups	Underway; increased to 8 weekly reoccurring groups across the state
BHSA, FAVOR	Increase the number of Nar-Anon family groups in the state.	mid-term long-term	# of groups	Underway; increased to 6 weekly reoccurring groups across the state

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DAODAS, DMH, DHEC, BHSA	Integration of nicotine assessment into County Authorities' Electronic Health Record. Subsidize nicotine replacement therapy for OUD patients.	short-term	# of screenings # of interventions	Initial planning phase
DAODAS, DHEC, FAVOR, BHSA	Expand on DHEC's longstanding partnership with DAODAS for HIV screening and linkage to care services.	short-term	# of screenings # of patients coordinated	Initial planning phase

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FOCUS AREA – TREAT AND RECOVER

IV. CONCEPT OF THE OPERATION

- A. Assessment of local need will be conducted with analysis of all current and relevant data sources that – combined – reveal the most current burden of opioid use and overdose geographically across the state. Local needs assessments submitted by county alcohol and drug abuse authorities to DAODAS in annual county plans will also be considered. Reports from local treatment providers, law enforcement, coalitions, and citizens will all be considered on an ongoing basis with the most current data to assess local needs.
- B. As local needs are recognized, coordinating, primary, and supporting agencies will identify available resources and will coordinate pursuit of resources, dissemination of resources, or coordination of resources across sectors to support localities.

V. AGENCY RESPONSIBILITIES

- A. Each agency listed above is responsible for:
 - i. Outreach to community partners, as related to each agency's initiatives
 - ii. Tracking of progress
 - iii. Updating annex as needed
- B. Each agency commits to attending regular meetings regarding this annex.

VI. RESOURCES

- Financial assistance for treatment services at county authorities and opioid treatment programs
- Governor's Opioid Summit, annually in September
- Learning Management System (LMS) – open-access, online, credited training for professionals and families
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) programming
- Assistance and support with drug court programming development
- South Carolina Recovery Oriented Systems of Care (SC ROSC)
- Opioid Response Network STR-TA
- Southeast Addiction Technology Transfer Center
- National Alliance for Recovery Residences
- Statewide network of DAODAS/SCAADAC trained and certified Peer Support Specialists and Recovery Coaches
- Peer Support Specialist supervision training
- Peer Support Specialist MAT program with SCDC
- Support for Peer Support Specialists in emergency departments and partnership development with hospitals and behavioral health providers
- Support for MUSC's workforce development (Project ECHO)
- Support for recovery community organizations (SC FAVOR chapters)
 - Greenville
 - Low Country
 - Pee Dee
 - Midlands
- Support for collegiate recovery centers and programming
 - University of South Carolina - Gamecock Recovery

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- College of Charleston
- The Bridge Program – for adolescents bridged from DJJ to outpatient treatment
- The Step-Up Program – for youthful offenders (SCDC), re-entry link to outpatient treatment
- Adolescent Community Reinforcement Approach (evidence-based program for youth and family treatment)
- Cultural and Linguistic Collaborative (CLC)
- Workforce development collaborative, for addiction and recovery professionals
- Partners in Achieving Independence through Recovery and Self-Sufficiency (PAIRS) – resource support for mothers and children gaining independence and transitioning from treatment
- Community Against Domestic Abuse (CADA) program
- Interpretive services for treatment (deaf, blind, ESL)
- Support for development of Oxford Houses (self-run, self-supported recovery housing)

ANNEX 4

FOCUS AREA – LAW ENFORCEMENT

COORDINATING AGENCY:	S.C. Law Enforcement Division
PRIMARY AGENCIES:	S.C. Department of Public Safety; S.C. Office of the Attorney General; S.C. Department of Corrections; City of Columbia Police Department; Lexington County Sheriff's Department; Myrtle Beach Police Department; S.C. Commission of Prosecution Coordination; S.C. Coroner's Association; S.C. Department of Health and Environmental Control
SUPPORTING AGENCIES:	S.C. Law Enforcement Officers Association; U.S. Postal Inspection Service; U.S. DEA/HIDTA Atlanta and Carolinas; S.C. Sheriff's Association; S.C. Pharmacy Association; S.C. Department of Probation, Parole and Pardon Services; S.C. Department of Juvenile Justice; S.C. Department of Social Services; S.C. Department of Alcohol and Other Drug Abuse Services

I. INTRODUCTION/PURPOSE

Focus Area 4 – Law Enforcement emphasizes five broad goals, all aimed at improving the effectiveness of law enforcement strategies for combatting the opioid crisis for the citizens of South Carolina.

- A. Focus Area 4 will help support and expand drug take-back programs to reduce the number of unused medications that are susceptible to misuse or diversion. Focus Area 4 will promote the DEA's Take-Back Days through websites and social media and provide information on websites about environmentally friendly methods of disposal of controlled substances. Focus Area 4 will also help promote take-back sites that are available in communities year round and will encourage the establishment of new sites at law enforcement facilities throughout the state.
- B. Focus Area 4 will work to increase resources to combat illicit opioid supply chains. This will be assisted by improved intelligence and law enforcement focus in concentrated areas of high overdose and high use. Resources will be allocated to increase interdiction on major interstates, commercial parcel carriers, and other transportation methods.
- C. Focus Area 4 will endeavor to reduce the number of fatal opioid overdoses through education, training, and funding. Law enforcement agencies will be encouraged to take advantage of the Law Enforcement Officer Narcan (LEON) program. Collaboration with DAODAS is needed to seek continued funding for programs when grants end. Training for community providers is needed on the use of naloxone or other opioid antidotes.
- D. Focus Area 4 will work to increase treatment options for individuals with opioid use disorder and help facilitate access to care instead of incarceration. Recommendations and support for programs such as drug courts will be encouraged.
- E. Focus Area 4 will work to improve Driving Under the Influence of Drug Detection (DUID) and reporting of statistics from DUID cases throughout the state.

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FOCUS AREA – LAW ENFORCEMENT

- F. Finally, Focus Area 4 will enhance and expand current data sharing and will encourage the exchange of relevant data to assist with intelligence for officers and public health coordinators. This will assist with identifying hot spots for opioid use and trends throughout the state and will assist with data-driven decisions for areas of focused enforcement. Identifying these trends can also assist with focused resources for community education and prevention measures.

II. ASSESSMENT

From 2016 to 2018, the Drug Analysis Laboratory of the S.C. Law Enforcement Division (SLED) saw a 29% increase in the number of cases involving opioids and a 45% increase in the number of items analyzed containing opioids.¹ This follows the trends that are being observed on a state and national level. Most significantly, this has been observed through the 200% increase in opioid-related overdose deaths documented nationally since 2000.²

From 2016 to 2018, there was a 432% increase in illicit fentanyl drug cases to the SLED drug analysis laboratory.¹ During this time, as with other designer drugs previously introduced, there was a challenge to constantly chase the novel fentanyl analog compounds that were appearing on the illicit drug scene and to ensure these compounds were added to the proper controlled substance schedule in a timely manner. In February 2018, the U.S. Drug Enforcement Administration took action to emergency schedule all fentanyl-related substances, that were not previously scheduled, into Schedule 1 of the Controlled Substance Code.³ In response, South Carolina needs enhancements to the sentencing penalties to include trafficking of fentanyl and fentanyl analogues.

Law enforcement encounters problems due to opioid use on a daily basis, as the 2017 Worldwide Drug Report estimates that in 2016 there were 35 million users of opioids.

¹ Data retrieved from the South Carolina Law Enforcement Division Forensic Services Laboratory, May 15, 2018.

² Rudd, R. A. (2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014 *MMWR*, 64, 1378-82. Retrieved April 23, 2018.

³ Federal Register, Volume 83, Number 25, pp 5188-5192; <https://www.gpo.gov/fdsys/pkg/FR-2018-02-06/pdf/2018-02319.pdf>. Retrieved May 15, 2018

III. GOALS

We have identified six goals related to law enforcement response:

- A. Expand drug take-back programs in partnership with other focus groups.
- B. Expand interdiction teams to interrupt illicit opioid supply chains.
- C. Increase availability of opioid antidotes to officers throughout the state.
- D. Explore alternatives to incarceration to develop a broad-reaching deflection program for persons with opioid use disorder.
- E. Develop data sharing that assists communities and partners in prevention, treatment, and resource delivery.
- F. Enhance Driving Under the Influence of Drug Detection (DUIDD) and reporting.
- G. Enhance detection of DUIDD interdiction.

ANNEX 4

FOCUS AREA – LAW ENFORCEMENT

Goal 1: Expand Prescription Drug Take-Back Programming

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS, DHEC	Work with local incineration company to assist local law enforcement with destruction of bulk unused medications from permanent take-back containers.	Pickups: Feb, Apr, July, Oct	3,665 pounds of unused drugs were incinerated in Feb 8,160 pounds of unused were incinerated in Apr	Feb complete-SLED Apr complete- DEA July underway - SLED Oct underway -DEA
S.C. Sheriff's Association, S.C. Police Chiefs' Association	Expand drug take-back programs to additional counties and municipalities. Recommendations would be to have at least one drop-off site in each county.	near-term mid-term	Drop-off locations in each county	Underway
SLED	Educate on drug take-back program: <ul style="list-style-type: none"> During education opportunities, incorporate information on ways to remove excess drugs from circulation Educate on safe storage measures and how to locate drop box locations for turning over unused medication 	December 31, 2018	# of presentations where take-back options and education on programs are incorporated	Ongoing

ANNEX 4

FOCUS AREA – LAW ENFORCEMENT

Goal 2: Expand interdiction teams to interrupt illicit opioid supply chains

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
DPS	Reinstitute interdiction teams for statewide coverage.	October 1, 2018	Full implantation of 8 interdiction teams located by region 1995 grams of Heroin 603 CS Pills	16 Agents, 9 canines added for Criminal Interdiction Unit
SLED	Increase the number of agents assigned to interdiction.	SLED 2019-2020 budget	Additional FTE agent positions assigned to interdiction in the SLED Narcotics Section	3 Agents expected for July 1, 2019 budget
Federal, State & Local Law Enforcement	Reduce, disrupt, and dismantle trafficking supply chains.	ongoing	# of supply chains interrupted <ul style="list-style-type: none"> - State/federal case Spartanburg – (Heroin/fentanyl ring) - Lexington/Saluda/Newberry – (Heroin/fentanyl ring) 	Underway
Law Enforcement Associations	Work with the S.C. Legislature to enhance penalties for trafficking of illicit opioids to include fentanyl and fentanyl analogues.	2019 Legislative Session	Law enacted	Pending
DHEC Bureau of Drug Control	Increase number of Bureau of Drug Control enforcement agents.	long-term	# of agents	Pending

ANNEX 4

FOCUS AREA – LAW ENFORCEMENT

GOAL 3: Increase availability of opioid antidote to officers throughout the state

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC, DAODAS, Law Enforcement	Work with partner agencies to develop and implement agency policies for naloxone administration.	ongoing	# of agencies with policies to administer	Underway
Law Enforcement Training Council	Incorporate LEON program into Law Enforcement Officer Certification Program.	mid-term	Established in certification program.	Underway
DPS, DHEC	Expand training on and distribution of naloxone across DPS divisions.	mid-term long-term	# of divisions trained and equipped	Underway
SLED, DHEC	Maintain training and distribution of naloxone to agents.	June 1, 2018	Availability of an opioid antidote to SLED employees in the Narcotics Section, the Crime Scene Unit, the Evidence Control Unit, and the Forensic Services laboratory who may be exposed to opioids	Completed/ Replenished and Updated New Agents
DAODAS, DHEC, Local Law Enforcement	Monitor current funding and explore options to maintain naloxone programming statewide.	ongoing	Funding secured for sustainability	Ongoing

ANNEX 4

FOCUS AREA – LAW ENFORCEMENT

GOAL 4: Explore alternatives to incarceration to develop a broad-reaching deflection program for persons with opioid use disorder (OUD)

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
S.C. Commission on Prosecution Coordination	Develop guidelines in alignment with – or endorse – National Association for Drug Court Professionals guidelines for drug courts throughout the state to establish consistency.	mid-term long-term	Established guidelines or full endorsement	Pending
S.C. Commission on Prosecution Coordination	Establish funding sources – or establish specific guidance – for making drug courts locally financially sustainable.	mid-term long-term	Funding sources established or guidance released	Pending SC CPC - Meeting regularly with legislative contacts for ongoing funding

GOAL 5: Enhance law enforcement ability to detect and prosecute Driving Under the Influence of Drugs (DUID)

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
DPS, Law Enforcement Training Council, Law Enforcement Associations	Enhance law enforcement capabilities to detect and deter DUID through expansion of the Drug Recognition Expert (DRE) program.	mid-term long-term	# of trainings held # of officers trained	Ongoing
SLED	Develop uniform measures to report statistics from drug-related driving incidents, both from DUID and traffic fatalities.	August 1, 2018	Reporting of previous 2 years' DUI and traffic fatality statistics pertaining to cases tested at SLED	Underway

ANNEX 4

FOCUS AREA – LAW ENFORCEMENT

GOAL 6: Develop data sharing that assists communities and partners in prevention, treatment, and resource delivery

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC, Law Enforcement Associations	Implement OD Map to help identify opioid “hot spots” throughout the state through first responder activity.	mid-term long-term	Solicit participation by 100% of those that are capable 35 agencies presently participating	Underway
SLED	Provide timely law enforcement sensitive information on new drugs encountered in the state, to include location and educational information through S.C. Information Intelligence Center (SCIIC): <ul style="list-style-type: none"> Identify focus groups that would benefit from OERT-related communications Target communications specifically for the OERT 	ongoing	Successful transfer of intelligence	Underway
SLED	Work with DHEC to provide data for Overdose Data to Action, statistics from opioid fatalities throughout S.C. and apply for grant opportunities to increase data sharing. Opportunity will enhance reporting for South Carolina on Opioid related deaths.	ongoing	Successful transfer of data Application for grant	Underway Completed by DHEC
All Organizations	Work with OERT Data Team to maintain timely data – SCIBRS.	ongoing	Successful access and use of data	Underway
S.C. Commission on	Develop a protocol for officer response to opioid overdose. Protocols will assist with gathering information for reporting and preparing a case.	mid-term	Implementation of protocol	Pending

ANNEX 4
FOCUS AREA – LAW ENFORCEMENT

Agency	Objectives	Timelines	Measure of Success	Progress
Prosecution Coordination				
S.C. Coroner's Association	Develop a protocol for coroner response to overdose to help with standardization of testing and reporting.	mid-term long-term	Implementation of protocol	Pending

ANNEX 4

FOCUS AREA – LAW ENFORCEMENT

IV. CONCEPT OF THE OPERATION

State and federal agencies, associations, and private partners are operationalizing the objectives above to help combat the opioid crisis statewide and in local communities.

V. AGENCY RESPONSIBILITIES

- A. Each agency in reaching out to community partners
 - i. Outreach
 - ii. Tracking of progress
 - iii. Updating annex as needed
 - iv. Attending quarterly meetings

VI. RESOURCES *(To be added at a later date)*

ATTACHMENT A
OPIOID EMERGENCY RESPONSE RESOURCE LIST

NOTE: *This list will be compiled from contributions of the member organizations of the South Carolina Opioid Emergency Response Team as they collaborate to execute the South Carolina Opioid Emergency Response Plan.*

ATTACHMENT B
OPIOID EMERGENCY RESPONSE TEAM – DATA COMMITTEE

COORDINATING: S.C. Department of Alcohol and Other Drug Abuse Services,
S.C. Emergency Management Division

PRIMARY: S.C. Department of Health and Environmental Control; S.C. Law Enforcement Division; S.C. Department of Public Safety; S.C. Department of Health and Human Services; Atlanta-Carolinas High Intensity Drug Trafficking Area (HIDTA); S.C. Revenue and Fiscal Affairs Office; S.C. Department of Corrections

SUPPORTING: S.C. Department of Social Services; S.C. Department of Probation, Parole and Pardon Services; S.C. Department of Juvenile Justice; S.C. Governor's Office; S.C. Department of Mental Health; S.C. Public Employees Benefit Authority; Blue Cross Blue Shield of South Carolina, S.C. Hospital Association; S.C. Medical Association; S.C. Coroner's Association; Palmetto Poison Center

I. INTRODUCTION

- A. The need for comprehensive and accurate opioid-related data is critical to both understanding prescription drug misuse and illicit drug use in South Carolina, as well as measuring the success of the goals and objectives set forth in the South Carolina Opioid Emergency Response Plan (SCOERP).
- B. Data sharing among all levels of government and the private sector is paramount to addressing the opioid epidemic.
- C. A shared data dashboard accessible to the public is a requirement of the Opioid Emergency Response Team (OERT) and the SCOERP.

II. PURPOSE

- A. Collect statewide opioid data to assess the opioid epidemic through pre-defined data metrics at the state and county levels and provide this information to the public through an online dashboard.
- B. Utilize data to inform progress in each focus area against goals and objectives in order to sustain or modify program delivery.
- C. Data-driven engagement and outreach uses analytics to segment populations and drive targeted messaging to reduce the opioid threat.

III. SCOPE

- A. Identify the state agency partners and current datasets pertaining to opioid use and misuse in South Carolina.

- B. Define the data metrics required to analyze the progress of the OERT in meeting the goals and objectives set forth in the SCOERP.

IV. ASSUMPTIONS

- A. Data on the total number of individuals using opioids, illicit or prescribed, does not currently exist; therefore, datasets on known treatment (payer source, insurance, Medicaid/Medicare), illicit use or possession (law enforcement interaction/discovery), vital statistics, and naloxone / reversal medication administrations are the best available data.
- B. Data may be incomplete or misleading based on a variety of reasons:
 - 1. Data may be reported by “event” or by number of opioids in the system of an individual. Collection methods vary across the state from jurisdiction to jurisdiction and among state agencies.
 - 2. Not all officers in the state are trained on or carry Narcan (i.e., naloxone). Not all law enforcement agencies participate or provide data on seizures, lab work, etc., to a centralized database or agency.
 - 3. Drug identification may not be performed by EMTs, law enforcement, or in some medical settings. In some cases, drug identification may be incorrect or misleading. Toxicology is not always performed for cause of death by coroners, especially in children.
 - 4. Medical claim (payer) data may be incomplete or not timely due to lags in the claim system.
- C. Data prior to 2016 used different medical codes and collection methods; therefore, data will only be used from January 1, 2016, and beyond.

V. SITUATION

- A. The opioid problem must be addressed using a range of strategies.
- B. The only way to effectively measure the strength and execution of these strategies is to capture opioid data statewide using common methodologies, metrics, and indicators.
- C. South Carolina opioid data can be compared year to year to determine success of strategies and the SCOERP. The state data can also be compared with national figures to determine our success nationally.

- D. Data will enable the identification of potential social and medical determinants for opioid dependency that will aid in the development of better prevention systems.
- E. Predictive analytic models can use data with actual claims data to identify patients at risk for or struggling with opioid use disorder.

VI. CONCEPT OF OPERATIONS

- A. The S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) and the S.C. Emergency Management Division (SCEMD) are the lead agencies for the OERT Data Committee responsible for organizing, collecting, and displaying opioid-related data and metrics, to include the provision of a publically accessible online opioid data dashboard.
- B. SCEMD and DAODAS will coordinate with primary and support agencies to review and collect their opioid-related data for inclusion in the data dashboard.
- C. The OERT Data Committee will:
 - 1. Share data to accurately depict the opioid crisis in South Carolina.
 - 2. Attend meetings where data will be discussed and evaluated for inclusion in the opioid metrics and dashboard. Meetings will be held at least quarterly.
 - 3. Provide information on data limitations and work together to address issues with data-collection consistency at the state level.
 - 4. Share agency opioid points of contact and web page addresses with the group for inclusion in the dashboard and other reference materials.
 - 5. Exploit the expert resident in each organization to generate solutions to support and enhance the data dashboard.
- D. The OERT Data Committee may request specific information from state agencies and local jurisdictions to assist with identifying data and metrics related to opioids to strengthen existing analysis and statistics.

VII. ROLES AND RESPONSIBILITIES

- A. S.C. Department of Alcohol and Other Drug Abuse Services
 - 1. Co-Chair the OERT Data Committee.
 - 2. Host the dashboard on the “Just Plain Killers” website (www.justplainkillers.com).

3. Attend OERT Data Committee meetings.
4. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
5. Provide, as required, briefs to the OERT Principals Group.
6. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, the number of patients with opioid use disorder.
7. Share data trends that would assist focus-area groups in measuring effectiveness of program delivery as needed.
8. Maintain the OERT Data Committee Attachment.

B. S.C. Emergency Management Division

1. Co-Chair the OERT Data Committee.
2. Host meetings of the OERT Data Committee.
3. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
4. Provide, as required, briefs to the OERT Principals Group.
5. Maintain the OERT Data Committee Attachment.

C. S.C. Department of Health and Environmental Control

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, vital statistics (deaths related to drug overdoses, opioids, prescription drug overdoses, heroin, methadone, and cocaine), SCRIPTS data (number of opioid prescriptions dispensed per 1,000 residents, number of benzodiazepines dispensed per 1,000 residents, and number of stimulants dispensed per 1,000 residents), Narcan data (number of naloxone administrations via EMS and law enforcement), and incidence of Hepatitis C cases.
4. Share data trends that would assist focus-area groups in measuring effectiveness of program delivery as needed.

D. S.C. Law Enforcement Division

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, number of traffic fatalities including an opioid, number of DUIs related to an opioid, and number of child fatalities containing an opioid.
4. Share data trends that would assist focus-area groups in measuring effectiveness of program delivery as needed.

E. S.C. Department of Public Safety

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
3. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

F. S.C. Department of Health and Human Services

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, number of patients with an opioid use disorder and number of providers dispensing naloxone.
4. Share data trends that would assist focus area groups in measuring effectiveness of program delivery as needed.

G. Atlanta-Carolinas High Intensity Drug Trafficking Area (HIDTA)

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, total quantity of reported seized opioid drugs.

H. S.C. Revenue and Fiscal Affairs Office

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, all drug overdose hospitalizations (emergency department and inpatient), opioid overdose hospitalizations (emergency department and inpatient), hospitalization for opioid use disorder (acute by payer), and rate of newborns with neonatal abstinence syndrome.

I. Palmetto Poison Center

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
3. Continually assess internal data-collection efforts to determine if there are organizational metrics that should be included in the data dashboard.

J. S.C. Department of Corrections

1. Attend OERT Data Committee meetings.
2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, current opioid drug use of the Department of Corrections population.

K. S.C. Department of Social Services

1. Attend OERT Data Committee meetings.
2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

- L. S.C. Department of Probation, Parole and Pardon Services
 - 1. Attend OERT Data Committee meetings.
 - 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.
- M. S.C. Department of Juvenile Justice
 - 1. Attend OERT Data Committee meetings.
 - 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.
- N. S.C. Governor's Office
 - 1. Attend OERT Data Committee meetings.
 - 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.
- O. S.C. Department of Mental Health
 - 1. Attend OERT Data Committee meetings.
 - 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.
- P. S.C. Coroner's Association
 - 1. Provide insights on data that may assist other focus areas in measuring program-delivery progress.
- Q. S.C. Hospital Association / S.C. Medical Association
 - 1. Participate in OERT Data Committee meetings to assess what information will assist in measuring objective effectiveness to support goals in Focus Area 1 (Communicate and Educate).
 - 2. Provide insights on data that may assist other focus areas in measuring program-delivery progress.
- R. S.C. Public Employee Benefit Authority
 - 1. Share insights on insurance trends that would assist the focus-area groups.
 - 2. Provide recommendations on data that support better analysis of actions in program delivery.

- S. Blue Cross Blue Shield of South Carolina
 - 2. Share insights on industry trends that would assist the focus-area groups.
 - 3. Provide recommendations on data that support better analysis of actions in program delivery.

VIII. PLAN MAINTENANCE

This plan is maintained by DAODAS and SCEMD with assistance from primary and supporting agencies in accordance with the maintenance, evaluation, and review schedule outlined in the SCOERP.

Metric	Timeframe	Database	Limitations	Data Steward	Definitions	Display
Mortality						
Deaths related to Total drug overdose	2016	Vital Statistics	Metrics on rows 4 through 8 are not mutually exclusive	DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Total Opioid	2016	Vital Statistics		DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Prescription drug overdose	2016	Vital Statistics	Includes opioid and non-opioid prescription drugs; also includes methadone	DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Heroin	2016	Vital Statistics		DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Methadone	2016	Vital Statistics	Included in Prescription drugs	DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Cocaine	2016	Vital Statistics		DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Hospital						
All drug overdose hospitalizations - ED/IP	2016	UB-04 SC Hospital Database	RFA recommends combining IP/ED at the county level due to small inpatient numbers for smaller counties.	RFA	Rate per 10,000 population	Rate
Opioid overdose hospitalizations - ED/IP	2016	UB-04 SC Hospital Database	RFA recommends combining IP/ED at the county level due to small inpatient numbers for smaller counties.	RFA	Rate per 10,000 population	Rate
Driving						
Number of DUI related to an opioid	2016	SLED DUI Data		DPS/SLED		Count
State Funded Treatment						
Number of patients with an Opioid Use Disorder	2016	State Funded Treatment Clinical Record	Based on location of 301 agencies and not county of residence.	DAODAS	Number of patients with a primary or secondary diagnosis of Opioid Use Disorder	Count
Medicaid						
Number of patients with an Opioid Use Disorder	2016		Based on medicaid claims data	DHHS		Count
Children						
Rate of newborns with NAS	2016	UB-04 SC Hospital Database		RFA	Rate per 1,000 newborns w/ NAS	Rate
SCRIPTS						
Number of opioid prescriptions dispensed per 1,000 residents	2016	SCRIPTS		DHEC	Rate per 1,000 population	Rate
Number of benzodiazepines dispensed per 1,000 residents	2016	SCRIPTS		DHEC	Rate per 1,000 population	Rate
Number of stimulants dispensed per 1,000 residents	2016	SCRIPTS		DHEC	Rate per 1,000 population	Rate
Narcotics / Law Enforcement						
Number of Naloxone administrations via EMS	2016	EMS	By EMS agencies per incident county.	DHEC		Count
Number of Naloxone administrations via Law Enforcement	2016			DHEC		Count
Seized Drugs						
Total quantity of reported seized opioid drugs	2016	EPIC and AC-HIDTA	EPIC Disclaimer: Information that has been reported to EPIC by contributing agencies may not reflect the total seizures nationwide. EPIC does not guarantee the timeliness, completeness or accuracy of the information reported.	AC-HIDTA		Rate
Criminal Justice						
Current opioid drug use	2016	SCDC - Information Management Systems	Offender Self Reported Information	DOC	Incarcerated Offender Population	Count
Infectious Disease						
Incidence of Hep C cases	2016			DHEC		Count

SCOERP Data Metrics

ATTACHMENT C

OPIOID EMERGENCY RESPONSE TEAM – PUBLIC INFORMATION

COORDINATING:	S.C. Department of Alcohol and Other Drug Abuse Services
PRIMARY:	S.C. Law Enforcement Division; S.C. Department of Corrections; S.C. Department of Education; S.C. Department of Health and Environment Control; S.C. Department of Juvenile Justice; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Probation, Parole and Pardon Services; S.C. Lieutenant Governor's Office on Aging
SUPPORTING:	S.C. Hospital Association; S.C. Medical Association; Chernoff Newman; S.C. Educational Television; S.C. School Boards Association; Faith-Based Organizations

I. INTRODUCTION

- A. Attachment 1 of the South Carolina Opioid Emergency Response Plan describes the necessity and the method by which all agencies will educate and communicate residents and stakeholders about all efforts associated with the collaborative effort underway to combat the opioid crisis in South Carolina.
- B. Attachment 1 is intended to provide a mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions and/or disciplines with nongovernmental organizations and the private sector locally and statewide.

II. PURPOSE

The successful elimination of opioid addiction and its consequences will depend heavily on robust public education and outreach efforts to stakeholders utilizing a cohesive, joint message that is consistent and easily communicated to a variety of audiences by organizations comprising the OERT. Education and outreach efforts must be collective and the result of all organizations being able to develop and utilize consistent products that can be easily understood by people of all backgrounds and comprehension capabilities. Organizations that combine efforts into one unified campaign will be able to amplify each individual agency's messaging by working together and sharing resources toward a common goal.

ATTACHMENT C

OPIOID EMERGENCY RESPONSE TEAM – PUBLIC INFORMATION

III. ASSESSMENT

- A. Currently (as of March 2018), there are many independent efforts underway to educate the public about the opioid crisis. Very few, if any, are education campaigns that are utilized by more than one local or state agency, resulting in conflicting and uncoordinated messaging for residents to consume.
- B. Current Efforts:
1. **Public Outreach:** There currently exist several local and statewide efforts underway to educate the public and communicate about the ongoing opioid crisis in South Carolina. For example, in January the Department of Alcohol and Other Drug Abuse Services (DAODAS) launched a public education campaign to address the opioid epidemic in South Carolina. The Just Plain Killers campaign seeks to raise and deepen the public's awareness of opioid use and abuse in the state while destigmatizing those affected by opioid use disorder. The foundation of the campaign is a website (justplainkillers.com) containing lifesaving information about prescription storage, disposal and use, as well as printable resources, including a brochure, fact sheet and PowerPoint presentation. These resources are intended for partner agencies, law enforcement, fire and EMS professionals, schools, and religious organizations across the state. The campaign asks elected officials, business leaders, school administrators, and residents to take a pledge to educate themselves and their loved ones about the potential dangers of opioid use, and the resources available in our state.
 2. **Healthcare Providers:** In 2017, the South Carolina Medical Association Alliance designed a poster titled "Your Physician Wants You to Know: Prescription Drug Misuse Is an Epidemic" for distribution to physicians, hospitals, and emergency departments across the state.
 3. **Educators:** To date, no specific efforts exist that target educators.
 4. **ODU Stigma:** See "*Public Outreach*" above.

IV. GOALS AND TIMELINE

- A. Goals:
- The OERT should establish a joint information system through which OERT member organizations can collaborate on messaging and products, share information relevant to the joint effort, and coordinate resources to educate and communicate together as one team.
 - The OERT should promote awareness regarding the risks of opioid addiction amongst licensed healthcare professionals and the public.

ATTACHMENT C

OPIOID EMERGENCY RESPONSE TEAM – PUBLIC INFORMATION

- OERT agencies responsible for direct healthcare provider interactions should establish appropriate patient expectations at every encounter.
- OERT organizations should link addiction specialist teams at academic hubs with primary care clinicians in local communities.
- Relevant OERT member organizations should expand opioid education in school systems by working together to create and provide suitable messaging products that can be used in classrooms of all appropriate grade levels.
- Information and content developed as a result of the collaborative efforts of all OERT focus areas should shape content developed jointly.

V. CONCEPT OF THE OPERATION

A. Joint Information System

- OERT member organizations should identify staff responsible for coordinating joint public education and outreach efforts related to the OERT.

B. Develop a statewide, cohesive public education campaign

C. Provide information that expands and customizes joint education efforts

D. Develop a method for tracking the effectiveness of public education and outreach efforts

E. Share and create opportunities to partner in joint outreach endeavors locally and statewide

F. The OERT will be able to function within a joint information system by conducting the following tasks within a prescribed timeline upon ratification of the S.C. Opioid Emergency Response Plan:

1. **30 Days:** All OERT primary organization representatives should identify communication and education staff to serve as coordinators with the OERT lead public information officers (DAODAS and SLED).
 - a. Identified staff members should currently be serving in a media relations or public outreach role within the organization and have approval from organization leadership to be a member of the OERT Joint Information System (JIS).
2. **60 Days:** Once OERT JIS members are identified, lead PIOs will set up a method of communication and coordination for all JIS participants.

ATTACHMENT C

OPIOID EMERGENCY RESPONSE TEAM – PUBLIC INFORMATION

3. **90 Days:** The OERT JIS will conduct a coordination meeting of all members for the purposes of sharing information and developing a joint communications plan.
4. **120 Days:** The OERT JIS lead PIOs will present a joint communications plan to the OERT Primaries for approval by majority vote.
5. **150 Days:** OERT JIS PIOs will have successfully begun implementing the joint communications plan as approved by the OERT Primaries.
6. **Six Months:** The OERT JIS will begin planning at least one (1) joint public education and outreach event involving more than one OERT organization. Partnerships with local organizations should be highlighted and encouraged.
7. **One Year:** The OERT JIS members should compile and submit to the OERT Lead PIOs a report on all independent and collaborative efforts undertaken regarding education and communication about the opioid crisis in South Carolina. These reports will be compiled into one document summarizing all works completed by the OERT JIS.

VI. AGENCY RESPONSIBILITIES

- A. Department of Alcohol and Other Drug Abuse Services
 1. Serve as lead coordinator for the OERT Joint Information System (JIS)
 2. Develop materials associated with statewide public education campaigns
 3. Utilize and encourage usage of joint campaign materials among all OERT organizations to ensure message consistency
 4. Develop relationships with appropriate local, state, and federal partners interested in public education and outreach
 5. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts
 6. Offer opportunities to customize and/or localize public outreach materials to increase messaging effectiveness
- B. S.C. Law Enforcement Division
 1. Serve as secondary lead coordinator for the OERT JIS
 2. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns

ATTACHMENT C

OPIOID EMERGENCY RESPONSE TEAM – PUBLIC INFORMATION

3. Share information and resources as appropriate and as related to stakeholder partnerships
4. Serve as the primary liaison with local law enforcement community relations efforts regarding the opioid crisis
5. Develop relationships with appropriate local, state, and federal partners interested in public education and outreach
6. Offer opportunities to partner in public education and with outreach materials

C. Department of Health and Environmental Control

1. Provide subject-matter expertise, as needed, to joint information efforts
2. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns
3. Share information and resources as appropriate and as related to stakeholder partnerships
4. Serve as the primary liaison with statewide healthcare community relations efforts regarding the opioid crisis
5. Develop relationships with appropriate local, state, and federal partners interested in public education and outreach partnerships
6. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts

D. Emergency Management Division

1. Assist with interagency coordination and planning
2. Support state and local agencies as requested
3. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns
4. Ensure compliance with all Freedom of Information requirements
5. Participate in partnership opportunities with OERT organizations as related public education and outreach efforts

ATTACHMENT C

OPIOID EMERGENCY RESPONSE TEAM – PUBLIC INFORMATION

- E. Lieutenant Governor's Office on Aging
 - 1. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns
 - 2. Share information and resources as appropriate and as related to stakeholder partnerships
 - 3. Develop relationships with appropriate local, state, and federal partners interested in public education and outreach partnerships
 - 4. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts
- F. Department of Labor, Licensing and Regulation
 - 1. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns
 - 2. Share information and resources as appropriate and as related to stakeholder partnerships
 - 3. Develop relationships with appropriate local, state and federal partners interested in public education and outreach partnerships
 - 4. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts
- G. Department of Corrections
 - 1. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns
 - 2. Share information and resources as appropriate and as related to stakeholder partnerships
 - 3. Develop relationships with appropriate local, state and federal partners interested in public education and outreach partnerships
 - 4. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts
- H. Department of Probation, Parole and Pardon Services
 - 1. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns

ATTACHMENT C

OPIOID EMERGENCY RESPONSE TEAM – PUBLIC INFORMATION

2. Share information and resources as appropriate and as related to stakeholder partnerships
3. Develop relationships with appropriate local, state and federal partners interested in public education and outreach partnerships
4. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts

I. Department of Juvenile Justice

1. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns
2. Share information and resources as appropriate and as related to stakeholder partnerships
3. Develop relationships with appropriate local, state and federal partners interested in public education and outreach partnerships
4. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts

J. Department of Education

1. Work with OERT partners to develop materials and programs appropriate for the classroom environment.
2. Utilize and encourage usage of materials developed jointly as part of statewide public education and outreach campaigns
3. Share information and resources as appropriate and as related to stakeholder partnerships
4. Develop relationships with appropriate local, state and federal partners interested in public education and outreach partnerships
5. Offer and participate in partnership opportunities with OERT organizations as related public education and outreach efforts

VII. RESOURCES

- A. DAODAS Website: www.justplainkillers.com
- B. DHEC Website: www.scdhec.gov
- C. LLR Website: <http://naloxonesavessc.org>